“Research, evidence and information are the foundation for sound health policies, for monitoring the impact, and for ensuring accountability. They keep us on track.”

Dr Margaret Chan
Director-General, WHO
20 May 2013
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MESSAGE FROM THE CHAIR OF THE BOARD

It gives me great pleasure to present the Annual Report, documenting the successes achieved, and challenges faced, by the Alliance in 2013. Since its inception, the Alliance has remained faithful to its mission, all the while casting an expanding net of influence and impact that seems to belie its size and resources. How does it do this?

I believe the answer lies at the very heart of the organization: its empowering ability to inspire, nurture and build the capacity of others – be it individuals or institutions; researchers, policy-makers or partners. This distinctive quality enables the Alliance to have big aspirations yet retain its compact operational size.

As you turn the pages of this report, you will encounter numerous examples of capacity strengthening at the heart of the Alliance, conducted through its programmes, operations, partners and people. This ‘heart’ appeals to the interests of decision-makers, globally and locally. It attracts new funders and retains the loyalty of existing funders who continue to invest and believe in what we do. And it also enables our host, the World Health Organization (WHO), to truly value our expertise as a credible and dynamic partner.

Throughout 2013, the Alliance continued to make impressive progress across a broad range of established programmes, influencing important work on universal health coverage, highlighting the benefits of embedding research in decision-making, drawing attention to the positive impact of systematic reviews in informing health policy and planning, helping to improve access to medicines, expanding the scale of implementation research and advancing systems thinking and research methods.

The Alliance developed a new guide on implementation research to respond to the surge of interest from global and local actors in this field. Launched in October 2013, this pioneering guide provides a much-needed boost for implementation research capacity, especially in low-income and middle-income countries. This is one result of our work with partners on the Implementation Research Platform.

Alliance expertise in systems thinking has gained increasing recognition in 2013, thanks to ongoing efforts to build capacity in this area, through the development of key knowledge products and hands-on teaching. The nomination of the Alliance as focal point for the new WHO Collaborating Centre on Complex Systems for Health Systems, CS4HS, is an example of its influence and
WHO’s confidence in its role. The launch of a special journal issue on advancing the applications of systems thinking, in 2014, will further strengthen capacity-strengthening efforts in this core area of Alliance work.

In the innovative field of affordable access to essential medicines, the Alliance is helping to lead cutting-edge research projects, in collaboration with WHO, and will spotlight attention on including a holistic systems perspective to medicines access in its next flagship report, to be launched at the Third Global Symposium on Health Systems Research, in Cape Town, in 2014.

Our success in securing a steady stream of funding in 2013 will enable the Alliance to proceed, with confidence, in all priority programme areas in the coming year. Credit lies with the expert team of Alliance Secretariat staff whose hard work and dedication have helped secure a sound future for the organization. I would also like to thank our many partners and loyal funders who continue to trust and value the Alliance, and share in its success.

The Alliance will devote additional resources to capacity strengthening in 2014, with particular emphasis on evaluating the impact of our efforts, strengthening support to policy-makers and enhancing the use of evidence in decision-making. This renewed focus will help ensure that the empowering spirit of the Alliance, captured so well in this report, continues to permeate every aspect of Alliance efforts and achievements in the months and years ahead.

Professor John-Arne Røttingen
Chair, Alliance Board
1. CAPACITY STRENGTHENING AT THE HEART OF WHAT WE DO

The central role of capacity strengthening, threading through the heart of Alliance activities and achievements, is the theme of this year’s report. In fact, capacity strengthening is an interlinking thread that binds together and reinforces each one of the Alliance objectives, to: generate knowledge; promote the use of knowledge; and build capacity for the generation and use of knowledge, all for the improvement of health systems.

The succeeding chapters of this report describe the major achievements of the Alliance in 2013, and some of the challenges faced. Despite evident progress, there remains a dearth of individuals and institutions capable of undertaking relevant health systems and implementation research, as well as deficiencies in the way existing knowledge is utilized to inform decision-making in health, and overcome the challenges of implementation. This truth is no more real than in low- and middle-income countries (LMICs).

Acknowledging this reality, the Alliance seeks to highlight a snapshot of activities, achievements, some of which were touched upon in the Chair’s message, that demonstrate important progress made in 2013. These include:

The launch of a new guide on implementation research, available in print and online, which responds to demands from prospective users for practical help and guidance on this topic, and will contribute to broader efforts to build research capacity among researchers and decision-makers in LMICs.

The production of evidence-based knowledge products by Alliance-supported systematic review centres is an integral part of Alliance and partner efforts to help LMICs build sustainable capacity to identify and address important gaps in knowledge.
The Alliance’s leading role in the implementation of the **WHO Strategy on Health Policy and Systems Research** will enable meaningful attention and action on capacity efforts at the highest levels, globally and nationally.

The Alliance’s growing reputation as a thought leader in **systems thinking** and its bold efforts to respond to burgeoning national and local capacity needs in this area.

The ground breaking **access to medicines programme**, whose systems-focused work is also highlighting the urgent need to improve capacity in LMICs to adopt multidisciplinary approaches to research.

The impressive work undertaken by Alliance-supported **regional and country nodal institutes** and their key role in facilitating the spread and application of health policy and systems research.

**Leadership development** initiatives in Central America and Africa that are spearheading efforts to strengthen the capacity of decision-makers to demand, access and use research.

Alliance success in **enhancing policy-maker capacity** and prompting institutional change through projects in Bangladesh, India and Nigeria that have impacted almost 300 decision-makers.

Alliance support for the production of a **Participatory Action Research Reader**, following the well-received 2012 **Methodology Reader** on Health Policy and Systems Research, which will also be introduced into the curricula of several universities and institutions, helping to fulfil its solid commitment to strengthening the rigour of HPSR methods.

Helping to inspire, nurture and build local, national and global health systems research capacity will be an ongoing mission of the Alliance in 2014 and beyond. The organization is committed to evaluating the impact of its capacity-strengthening efforts to date, assessing lessons learned and devoting even greater energy and resources to pinpointing and tackling important deficits. Working together with its host, the WHO, and in collaboration with Health Systems Global and hundreds of other strategic partners, the Alliance will remain at the forefront of endeavours to shape the future of health policy and systems research, and maximize its beneficial impact on health system performance around the world.
2. MISSION AND OBJECTIVES OF THE ALLIANCE

The field of health policy and systems research (HPSR) has grown impressively over the past decade. However, the core mission of the Alliance, to promote the use of health policy and systems research as a means to strengthen health systems in low-income and middle-income countries, remains as relevant as ever. The Alliance strives to achieve this goal by working towards three distinct, though related, objectives:

- 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 among researchers, policy-makers and other stakeholders.

The achievement of one objective aids, contributes to and reinforces the achievement of the others. This report is structured around the three objectives and the corresponding programmes of work depicted in Figure 1 below. The report also includes sections on advocacy and communications and management and governance of the Alliance.

Together with its host organization, WHO, and more than 360 partner organizations across the globe, the Alliance operates as part of a broad community, seeking out and embracing new avenues and opportunities to improve health systems by building global and local capacity in health policy, systems and implementation research.
MISSION AND OBJECTIVES OF THE ALLIANCE

**OBJECTIVES**

1. Stimulate the generation and synthesis of policy-relevant health systems knowledge
   - Access to medicines
   - Implementation Research
   - Systematic reviews
   - Research on universal health coverage

2. Promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems
   - Implementation of the recommendations of the WHO Strategy on HPSR
   - Third Global Symposium on HSR
   - HSR Synthesis methods and platform

3. Facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policymakers and other stakeholders
   - Enhancing policy-maker capacity
   - Capacity to apply systems thinking
   - Participatory Action Research Reader
   - Implementation research guide
   - Nodal institutes
   - Leadership development

**PROGRAMMES OF WORK**

**KNOWLEDGE GENERATION**

**KNOWLEDGE USE**

**CAPACITY BUILDING**
3. STIMULATING THE GENERATION AND SYNTHESIS OF POLICY-RELEVANT HEALTH SYSTEMS KNOWLEDGE

3.1 Improving access to medicines

Since 2010, the Alliance has helped spearhead a unique initiative to generate and disseminate new knowledge to improve access to medicines in LMICs by bridging research in pharmaceutical policies and health systems research. By applying its distinct expertise in health policy and systems research, and harnessing its network of partners, the Alliance aims to help break the devastating cycle of financial hardship, ill health and premature death experienced by the large numbers of people in LMICs who lack access to essential and affordable medicines.

The inclusive nature of the programme’s design is already yielding positive results in bringing together a broad spectrum of decision-makers and researchers and creating new opportunities for primary research, knowledge translation and capacity strengthening of researchers in LMICs. In this regard, seven research projects in Asia, Africa and the Americas were awarded funding and research commenced in 2013, continuing for the next two to three years (See Annex 5).

Capacity-strengthening efforts were once again stepped up in 2013 to support the selected research teams, including specially-tailored interaction with the Alliance Secretariat and workshop facilitators to finalize research protocols, data collection tools and research workplans. In addition to the ongoing technical support provided by the Alliance, an academic institution was contracted to provide more hands-on support to the research teams to help them face the challenges of data collection, entry and analysis.
2014 Alliance flagship report on access to medicines

The selection of access to medicines as the topic of the next flagship report illustrates the significance of this portfolio of work to the Alliance. Due to be published in 2014, and launched at the Third Global Symposium on Health Systems Research, the report’s development is led by a multidisciplinary editorial team of experts from Harvard Medical School, Johns Hopkins Bloomberg School of Public Health, the WHO Department of Essential Medicines and Health Products and the Alliance Secretariat.

Box 1. Objectives of 2014 flagship report on access to medicines

1. Synthesize existing evidence to inform policy-makers’ decisions on access to, affordability, and use of medicines.

2. Use a health systems approach, highlight key stakeholder perspectives and other health systems elements and the connections, processes and pathways that need to be considered in order for pharmaceutical policy-making to positively impact access to, affordability and use of medicines.

3. Provide recommendations for assessing the consequences of policy decisions on access to, affordability and use of medicines, taking into consideration available information and the capacity of health systems in LMICs.

The collaborative, multidisciplinary approach to the development of the report, involving health system and pharmaceutical policy experts, novice and veteran researchers, as well as authors engaged in programme implementation will result in the emergence of a valuable learning community.
The report itself will focus on the importance of considering medicines as an essential component of the move towards universal health care, whether from a health financing or service delivery perspective, and showcase, through case studies in LMICs, the importance of multiple players in the health system and their complex interactions. Specific objectives of the report are listed in Box 1.

Other highlights

The ATM initiative also focuses on the identification of health system obstacles to the implementation of established cheap and effective interventions. Interventions examined in 2013 include the use of magnesium sulfate in the treatment of pre-eclampsia and eclampsia in Pakistan, as well as access barriers to insulin and other diabetic medications in Peru.

In order to maximize opportunities for global learning and capacity strengthening, the work of the ATM programme has been disseminated extensively through a number of publications including *Health Policy and Planning*, *PLoS One*, *Health Systems and Policy Research* and *BMJ Open*.

3.2 Implementation research

Implementation Research Platform (IRP) support for the Millennium Development Goals (MDGs)-related implementation research

Through the IRP, first launched in 2010, the Alliance works collaboratively across several WHO departments, with the Alliance serving as Secretariat and overseen by a Scientific and Oversight Group. In 2013, the Alliance made important progress in its work to support new and ongoing research on effective interventions for the achievement of the MDGs related to maternal, newborn and child health. The focus of the implementation research centres on three priority areas, presented in Box 2.

In early 2013, with the objective to support capacity development for implementation research, the IRP organized an intensive protocol development

<table>
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<th>Box 2. Implementation research priority areas</th>
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<td><strong>a)</strong> Strategies to facilitate the integration of services to result in improved health outcomes and greater efficiencies.</td>
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<td><strong>b)</strong> Strategies to improve the performance of health workers (through strengthened supervision and increased motivation) to deliver quality services.</td>
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a) Strategies to facilitate the integration of services to result in improved health outcomes and greater efficiencies.

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c) Strategies for community engagement to increase awareness of, access to, and utilization of health services, and provision of appropriate services at the community level.
workshop for research teams shortlisted to carry out research studies. Facilitated by five experts from Ghana, India, the Philippines, the United Kingdom and the United States of America, the workshop helped connect researchers in different parts of the world and lay initial foundations for the development of a supportive community of implementation researchers. Fourteen implementation research studies have now been funded and teams will commence their work in early 2014 (see Annex 5).

3.3 Systematic review centres

Over the past several years, the Alliance has pioneered support for the establishment of systematic review centres in LMICs, where the need for such a resource is especially acute. This programme is an integral part of Alliance efforts to help LMICs build sustainable capacity to identify and address gaps in knowledge. The centres continue to receive vital technical support from key partners of the Alliance including the Cochrane EPOC Satellite at the Norwegian Knowledge Centre for the Health Services, the EPPI Centre at the Institute of Education, University of London and the Liverpool School of Tropical Medicine.

In 2013, two new centres were established, in Lebanon and South Africa, and support to existing centres in Chile and China was extended. Mandated to target reviews on how to improve the performance of health systems, the supported centres have so far produced more than 16 publications and protocols. In addition, the centre in Lebanon has developed a priority setting approach for systematic reviews in health policy and systems research and also organized a capacity strengthening workshop on systematic reviews introducing policymakers and other stakeholders to systematic reviews and the use of evidence in health systems decision-making.

The 21st Cochrane Colloquium, held in Quebec City, in September 2013, provided a tremendous capacity-strengthening opportunity for Alliance staff, representatives of the systematic review centres and technical experts to meet, face-to-face, in a setting that actively encourages the production of health-related systematic reviews. As well as attracting an impressive number of attendees from LMICs, the meeting also showcased the increasing use of innovative review methodologies that draw on the wealth of knowledge generated by non-experimental studies.

3.4 Research on universal health coverage

The aim of universal health coverage (UHC) is to provide all people with quality health care, at a price they can afford. Recognizing the vital role of universal financial risk protection in the achievement of universal health coverage, and based on the results of an earlier priority setting exercise, the Alliance initiated a project to examine how countries developed and implemented universal financial risk protection programmes. The aim of the exercise was to learn
from country-specific experiences and disseminate these results to the scientific community as well as to decision-makers.

Seven case studies were conducted in Costa Rica, Georgia, India, Malawi, Nigeria, Tanzania and Thailand and the findings were published as a thematic series in *Health Research Policy and Systems* in 2013. In addition, University of Cape Town and Alliance staff authored an overview article as part of this series. Policy briefs related to the case study findings were published on the Alliance web site and highlights from the series were also disseminated at a meeting during the United Nations General Assembly in New York in September 2013.

In 2013, the Alliance was also responsible for exploring whether different stakeholders have the same understanding of the UHC goal, and the extent to which components beyond financing mechanisms are referred to, and addressed, in efforts and dialogue on UHC. This work forms part of a broader WHO programme on UHC, funded by the Rockefeller Foundation.
4. PROMOTING THE DISSEMINATION AND USE OF HEALTH POLICY AND SYSTEMS KNOWLEDGE TO IMPROVE THE PERFORMANCE OF HEALTH SYSTEMS

4.1 WHO Strategy on Health Policy and Systems Research

The Alliance’s role as a thought leader played an important part in the development of the first WHO Strategy on HPSR, launched in Beijing in late 2012. Several important steps to operationalize the strategy were taken in 2013, including presentation to the WHO Executive Board in January and discussion at the World Health Assembly in May. At the request of the Executive Board, an advisory group was created to support WHO and the Alliance in coordinating a plan of action to implement the strategy. The advisory group held two meetings over the course of 2013 and a draft plan is currently under preparation. Additionally the Alliance Secretariat has been actively working to promote the Strategy through engagements in numerous meetings and conferences including the World Health Summit convened in Berlin.

4.2 Third Global Symposium on Health Systems Research

As a key organizing partner for both the First and Second Global Symposia, the Alliance brings a wealth of knowledge and experience that will aid preparations for the Third Symposium, to be held in Cape Town, South Africa from 30 September – 3 October 2014. Over the course of 2013, the Alliance has con-
continued to serve as a cosponsor of the symposium, along with Health Systems Global and a consortium of partners in Cape Town. The Alliance will continue to support the active participation of researchers and decision-makers from LMICs at this major biennial event.

In addition, the Alliance, with financial support from the International Development Research Centre (IDRC), and in collaboration with other symposium organizers, has issued a call for manuscripts on the science and practice of people-centred health systems for a special issue to be published in *Health Policy and Planning* prior to the symposium. More than 80 manuscripts were submitted by the November 2013 deadline, a large number from first authors in LMICs, and select papers are currently under external peer review.

### 4.3 Health systems research synthesis

Under the overall objective of promoting the dissemination and use of HPSR, the Alliance is responsible for coordinating meetings and discussions of an advisory group on health systems research synthesis, which includes representatives of the Cochrane and Campbell collaborations, International Initiative for Impact Evaluation (3ie) and EPPI Centre (University of London), among others. The group’s primary goal is to develop stronger, and better, international collaboration for synthesizing health systems evidence.

During 2013, the advisory group supported two main initiatives:

1. A workshop in Boston, organized by the Alliance and the Harvard School of Public Health on the inclusion of quasi-experimental studies in systematic reviews of health systems research. One of the main outcomes of the workshop is a series of papers which will be published in 2014.

2. A one-year study on “Supporting policy-relevant systematic reviews for health systems”, launched by Professor Sandy Oliver at the Institute of Education, University of London, and supported by the Alliance. The objective is to learn from a network of stakeholders regarding approaches to commissioning, supporting and producing policy-relevant reviews on complex health system questions.
5. FACILITATING THE DEVELOPMENT OF CAPACITY FOR THE GENERATION, DISSEMINATION AND USE OF HEALTH POLICY AND SYSTEMS RESEARCH

5.1 Enhancing policy-maker capacity

Since 2010, the Alliance has worked with the Wellcome Trust to fund projects in three countries (Bangladesh, India and Nigeria) to enhance policy-maker capacity to use evidence in the decision-making process. The projects have been highly successful, reaching almost 300 decision-makers through training workshops, the development of local-level capacity in health planning for primary care and the production of training manuals and policy briefs. In addition, the programme has resulted in institutional changes, including the creation of a research policy cell within the office of the Director General of Health Services in Bangladesh, the reactivation of the State Health Research Committee and the formation of a research ethics committee within the Ministry of Health in Lagos State, Nigeria and the involvement of local elected representatives in planning for primary level care in Maharashtra, India. Project evaluations at all three sites have shown improved policy-maker understanding on the use of evidence in the decision-making process and collaboration between the Alliance and the Wellcome Trust has been extended for another five years to enable further expansion of this important initiative.
5.2 Developments in systems thinking

Alliance activities and capacity-strengthening efforts in systems thinking continued to grow in 2013 and included a number of new as well as ongoing initiatives.

Reflecting the Alliance’s expanding influence in the field of systems thinking, both within WHO and beyond, the Alliance was nominated as focal point for the new WHO Collaborating Centre on complex systems for health systems (CS4HS), based at the University of British Colombia, Vancouver, Canada. The Alliance is actively involved in shaping two areas of the collaborating centre’s activities through its involvement in working groups, firstly on optimizing workforce interaction within and between health care settings to improve system performance and workforce efficiency and, secondly, on the feasibility of scaling-up services for universal health coverage.

Thematic series

Another important capacity-enhancing product is a second special issue on systems thinking entitled “Advancing the application of systems thinking in health”, which received financial support from IDRC. The first special issue on systems thinking, led by the Alliance, was published in October 2012 in Health Policy and Planning.

Thirteen applications of systems thinking tools and approaches in LMICs were submitted by the end of December 2013 and will undergo peer review in the coming months by BioMed Central’s journal Health Policy Research and Systems to be published as a thematic series on the topic. It will be launched in 2014 in South Africa, at the Third Global Symposium on Health Systems Research, creating an important opportunity for lead authors and other contributors to present their findings and encourage practical discussion on future action and collaboration. The value of this work has been already recognized as one of the Alliance grantees, Dr Asmat Malik from Pakistan, received the Rockefeller Foundation Bursary Award at the Health Systems in Asia Conference held in Singapore, in December 2013 for his paper for this Series.

Capacity strengthening

Capacity-strengthening efforts were significantly stepped up in 2013, to support the development of the special issue. The use of an internal peer-review process enabling authors to review and comment on each other’s papers has helped improve the overall quality of papers as well as instill a sense of team spirit among members of this emerging community of practice. Teams based in India, Pakistan and Uganda also benefited, in 2013, from week-long data analysis and writing workshops with relevant experts, which helped to consolidate their conceptual thinking and had a positive impact on the papers submitted.
During the year, the Alliance received and fulfilled several requests for an Alliance expert to teach the concepts and principles of systems thinking in master degree programmes and participate in workshops to engage policy-makers in applying systems thinking. One example involved teaching a module on systems thinking for health systems strengthening to 25 students from LMICs at the Karolinska Institutet in Stockholm in December. Another example, described in Box 3, illustrates the Alliance’s role in strengthening systems thinking capacity in Latin America.

**Box 3. Strengthening capacity in systems thinking: workshop on systems thinking and health sector reform in Latin America**

Meeting participants (Systems thinking and health sector reforms in Latin America), Bogotá, Colombia, November 2013

The Alliance played a key role at a workshop in Bogotá in November, organized by IDRC and hosted by the Colombian Ministry of Health. Researchers and policy-makers from eight countries in the Latin America region, including the vice ministers of health of Colombia and Costa Rica, attended the meeting. The session led by the Alliance Secretariat explained how this field of study can be used to understand, redesign and evaluate health sector reform initiatives in the region. Participants expressed their enthusiastic intention to pursue this thinking in future policy development and research and pinpointed a number of priority areas on which to focus:

1. Understanding why primary health care services fail to achieve goals and how they can be strengthened from a systems thinking perspective, for example, to improve quality of services and coordination of the continuum of care between primary, secondary and tertiary levels.

2. How primary care staff can be motivated in an effective and sustainable manner to improve quality of care, overall responsiveness and patient satisfaction.

3. How to anticipate and mitigate gaps between rules and guidelines and actual practices at all levels of the health care delivery system.

4. Understanding the challenges of providing adequate health services within a decentralized system.

5. Exploring issues related to universal coverage, e.g. improving rational use of medicines; ensuring equitable access to health services for indigenous populations; optimizing care at different levels while ensuring equitable access and efficiency.
5.3 Participatory Action Research Reader

As part of its commitment to strengthening the precision of HPSR methods, the Alliance is supporting EQUINET, Zimbabwe, in the production of a methodological reader on the use of participatory action research (PAR) approaches for health systems research. There is an urgent need for this publication to strengthen the capacity for research in LMICs, since while there are materials for community level training on PAR, there is no scientific reader to demystify the subject for the scientific community working on health systems research. The intention of the reader is to help clarify methods, approaches and limitations for producing generalizable knowledge on health systems, using PAR approaches. It will include a collection of peer-reviewed papers demonstrating the application of different PAR approaches for carrying out high-quality health systems research.

The reader is due to be released at the Third Global Symposium in 2014 and will be introduced into university teaching curricula, beginning with institutions in Brazil, Mexico and the UK. To support more extensive dissemination, the reader will also be translated into French and Spanish.

5.4 Launch of new guide on implementation research

In October 2013, the Alliance, with support from the IRP, launched Implementation Research in Health: A Practical Guide, a new publication that aims to respond to the growing interest in this field of work and boost implementation research capacity, particularly in LMICs. The guide highlights the variety of actors who contribute to, and who are impacted by, implementation research – from decision-makers responsible for designing policies and front-line workers who implement these decisions, to researchers who bring expertise in systematically collecting and analysing information to inform implementation questions. Addressing participants at the launch, Dr David Peters, Chair, Department of International Health at Johns Hopkins School of Public Health emphasized

Dr Walid Ammar, Director-General of Health, Lebanon and Dr Abdul Ghaffar, Executive Director, Alliance HPSR. Launch of the Implementation Research Guide
the significant role that implementation research can play in identifying neglected issues, demonstrating performance, and increasing the accountability of health organizations.

The launch concluded with a panel discussion on the importance of embedding implementation research into decision-making as a means of strengthening health system performance, featuring the Directors-General of Health from Lebanon and South Africa, and the Deputy Director-General of Health of Malaysia.

5.5 Nodal institutes

Efforts to expand the reach and impact of the Alliance’s work at the regional and country level resulted in the establishment of five nodal institutes hosted by academic and research institutions engaged in health policy and systems research in select countries and regions in 2012 (see Box 4 below). The institutes will facilitate the spread of HPSR in their regions in several ways: convening national and regional meetings of researchers and policy-makers to discuss HPSR priorities and challenges, as well as promoting the use of evidence in decision-making; assisting the Alliance in mapping capacity and funding for HPSR in their region, on a biennial basis; and conducting training sessions on health policy, systems and implementation research for regional researchers.

**Box 4. Alliance-supported nodal institutes**

2. Eastern Mediterranean Region: the American University of Beirut, Beirut, Lebanon.
3. South East Asia Region: the Public Health Foundation of India (PHFI), New Delhi, India.
4. Latin America Region: the National Institute of Public Health in Mexico City, Mexico.
5. Western Pacific Region: the School of Medicine of Fiji National University, Fiji.
Achievements in 2013

A number of important new activities and developments were initiated over the past year in this priority area of work for the Alliance. Three regions, Africa, Latin America and Western Pacific have successfully reached out and established relationships with new collaborating institutions in other countries in the region (see Table 3 below). Organizational changes in the Eastern Mediterranean Region initially delayed progress in 2013 but plans to establish collaborating centres were initiated towards the end of the year.

During the year, the nodal institutes organized a number of constructive events to engage with research institutions, decision-making bodies, and other stakeholders in their regions, including:

**Africa** – a capacity-strengthening workshop on health policy, systems and implementation research for decision-makers from the Ministry of Health, Lusaka District, and the Zambia School of Medicine, took place in March.

**India** – a jointly-organized meeting was convened in April by the Ministry of Health and Family Welfare, on strengthening interaction between research and policy. Attended by representatives of academic and research organizations, and high-level policy-makers, the meeting resulted in agreement by the ministry to create an internal unit for health systems research, to be supported by the Alliance, PHFI, and other stakeholders.

**Latin America** – a meeting among regional collaborating institutions, on the national status and gaps in health policy, systems and implementation research, took place in August; and a knowledge-sharing seminar was organized to review lessons learned from national health system reforms in Argentina, Chile, and Colombia.

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<th>Regional nodal institute</th>
<th>Countries with new collaborating institutions</th>
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<tr>
<td>Africa</td>
<td>Botswana, Lesotho, Malawi, Zimbabwe</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>Bahrain, Jordan (in progress)</td>
</tr>
<tr>
<td>Latin America</td>
<td>Argentina, Brazil, Costa Rica, Chile, Colombia, Guatemala, Nicaragua, Peru</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>Fiji, Marshall Islands, Micronesia, Papua New Guinea</td>
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Western Pacific – an initial training of trainers’ session, on health systems interventions and resource mapping for the Oceania region, was attended by regional collaborating institutions in May. Work also began on the first mapping survey in the Western Pacific, forming the basis for resource mapping across the region.

5.6 Leadership development

In 2013, through the IRP, the Alliance continued to support efforts to strengthen the capacity of decision-makers to demand, access and use research, through the Leadership Development Programme. Two projects, one in Central America and one in South Africa were launched in early 2013:

Central America: Strengthening the capacity for research utilization by decision-makers

The programme is a collaboration between the National Institute of Public Health of Mexico, the Centre for the Study of Equity and Governance in Health Systems, Guatemala, and the Centre for Health Research and Studies, Nicaragua. It aims to improve maternal health care services for underserved populations in Guatemala, Mexico and Nicaragua.

In 2013, work accomplished by the programme included the development of a diagnostic tool and discussion guide on research utilization to improve health services. The programme also established communities of practice, using social media channels to facilitate dialogue and information exchange, and organized training workshops for research users on concept mapping and the “4As” of evidence use (acquisition, analysis, adaptation and application).

South Africa: Building demand for evidence in decision-making through interaction and enhancing the skills of policy-makers

The programme is a collaboration between Stellenbosch University, the South African Cochrane Centre, the Liverpool School of Tropical Medicine and the Centre for the Development of Best Practices in Health in Cameroon.

Achievements in 2013 include the successful completion of workshops focusing on building a culture of research use, e.g. workshop on interpreting systematic reviews, held in November 2013; the coordination of mentorship programmes to support policy-makers in research use in decision-making; in-depth interviews conducted with provincial policy-makers in Cameroon and South Africa and summarized in a poster presentation; and the development of a repository of online resources for researchers and policy-makers to guide them on finding relevant knowledge, e.g. online platform developed to link policy-makers to systematic reviews.
In 2013, an impressive range of advocacy and communications activities supported the wider dissemination of products, news and achievements documented throughout this report. The Alliance participated in, and presented at, more than forty conferences, meetings, workshops and other specialized fora around the world during the year (see Annex 2), a large number of which were externally funded, reflecting the high value placed on the organization’s personnel. Alliance staff members also co-authored a large number of peer-reviewed publications, contributing their substantial expertise on a breadth of topics throughout the year (see Annex 3).

In addition, the Alliance developed and disseminated several promotional products to strengthen its branding and identity, and a number of brief summaries of the outcome of Alliance-funded research, for example, in the area of access to medicines, and in response to audience needs for digestible and accessible information.

The 2009 Alliance flagship report, *Systems Thinking for Health Systems Strengthening*, continued to have influence globally in 2013. It has now been cited more than 200 times and WHO has recently received a request for permission to translate the report into Chinese, further underlining the potential impact of this influential product. An increasing number of universities have added the report to curricular reading lists and introduced content into teaching, e.g., Bergen University, Norway, has now included a specific session on systems thinking in its health systems course. The Alliance has also received an invitation from the International Institute for Global Health at the United Nations University, Kuala Lumpur, to shape a new initiative on this theme.

Work undertaken by Alliance-supported nodal institutes has produced several
successes in raising public and stakeholder awareness of the importance of investing in health systems and HPSR, one example being an article published in the Zambia Sunday Post in October 2013. Another example was the dissemination of the first issue of the Nodal Institute Newsletter for the Western Pacific region in July, highlighting the role of HPSR and systems approaches to facilitating progress towards the MDGs. A further example was the development of a policy paper on the production of health systems research in India, which will be published in 2014 as a peer-reviewed paper.

A snapshot of other notable achievements in advocacy and communications in 2013 includes:

▶ Production of new flyers covering the Alliance’s core programmes of work, providing a concise and practical overview of individual project achievements.

▶ Translation of the implementation research guide into French and Spanish, to promote its wider use in Francophone Africa and Latin America, both will be available in 2014.

▶ Production of eleven country summaries on research conducted by the ATM programme.

▶ Translation into French of the abridged version of the well-received 2012 Methodology Reader; the Spanish translation is also underway and will be available in 2014.

In addition, the Alliance continued to disseminate its work and accomplishments externally and internally (in WHO) through various channels and events, including the World Health Assembly, workshops, lunch-time seminars and key meetings (see Annex 2), as well as sending periodic electronic announcements to partners, and continually developing and enhancing the Alliance web site.

**Collaboration with WHO Departments**

The Alliance also extended its partnership work with key departments and teams on shared initiatives, enabling the Alliance to make a positive contribution to WHO’s overall work. Examples of new collaborative projects in 2013 include:

▶ Development of an evaluation framework to assess the impact of policy dialogue from a complex adaptive systems lens, with the health systems governance policy and aid-effectiveness team in the Department of Health Governance and Financing.

▶ Joint study on how to integrate results-based financing within broader health systems operations, rather than as a vertical programme, with
the health financing policy team in the Department of Health Governance and Financing.

- Co-editing of the next flagship report on access to medicines from a systems perspective, with the Department of Essential Medicines and Health Products.

- Design of an intervention package to improve birth care, adopting a systems approach, with the maternal, neonatal, child and adolescent health research and development team, the Department of Reproductive Health Research and Bergen University.

- Analyzing the broader factors that help or impede the achievement of MDGs 4 and 5 in collaboration with the Partnership for Maternal Neonatal and Child Health.

- Contributing to the Health Systems and Innovation cluster’s work on UHC as part of the grant awarded by the Rockefeller Foundation.

- Contributing to the World Health Report 2013 on research on universal health coverage.

- Developing a plan of action as the implementation mechanism for the WHO Strategy on HPSR.

The Alliance appreciates and welcomes these opportunities, and intends to continue building collaborative partnership ventures across WHO in the coming years.
7. MANAGEMENT AND GOVERNANCE OF THE ALLIANCE

7.1 Alliance Board and Scientific and Technical Advisory Committee (STAC)

In 2013, the Board met with the Secretariat by teleconference in January and June and in a face-to-face meeting in October. The Alliance continues to benefit from the enthusiasm and dedication of the Board members who provide welcome oversight and guidance to the Secretariat.

A number of membership changes took place in 2013. Dr Paul Fife, Director, Department for Global Health, Education and Research, Norad, joined in January, succeeding Dr Maria-Teresa Bejarano from Swedish Sida. In October, Dr David Peters, Professor and Chair of the Department of International Health at Johns Hopkins Bloomberg School of Public Health (JHSPH) replaced Dr Sara Bennett, Associate Professor at JHSPH. Dr Kelechi Ohiri also joined as a new member of the Board in October. Dr Ohiri is Senior Adviser to the Minister in the Federal Ministry of Health of Nigeria.

The Alliance STAC met twice during the year, in April and October, providing valuable scientific and technical advice to the Alliance. STAC members have also provided substantive input to Alliance activities throughout the year – supporting meetings, reviewing scientific papers, adjudicating research proposals, and acting as ambassadors for the Alliance. Dr Irene Agyepong, Chair of the Alliance STAC, relinquished her position one year ahead of the original term due to other pressing commitments, including her recent election as Chair of...
Health Systems Global. She was succeeded, in October, by Dr Göran Tomson, Professor of International Health Systems and Policy Research at the Karolinska Institutet, Sweden.

7.2 Secretariat

The extensive range of activities and achievements documented in this report are testament to the hard work of Alliance Secretariat staff, whose focused attention and commitment to organizational goals is the driving force behind the Alliance. In total, the Alliance Secretariat managed 52 grants (ranging from approximately US$ 2000 to US$ 300 000; see Annex 5), a number of consultants, the secretariat of the IRP, plus an array of activities with WHO Departments described under advocacy and communications, management and governance, and notably played a leading role in the development of the programme for the Third Global Symposium on Health Systems Research in South Africa. The Secretariat worked effectively and was responsive to increasing demands and additional projects that emerged through the course of the year, including pro bono collaboration with other organizations and departments within WHO, which continue to bring mutual benefits.

7.3 Funding

The financial management charts for 2013 are presented in Annex 6. In 2013, the Alliance continued to receive core funding from the UK Department of International Development (DFID), the Government of Norway (Norad) and the Swedish International Development Cooperation Agency (Sida).

Of particular note this year are the new collaborations and funding received from existing and new funders. These include: IDRC, to support two special issues in peer-reviewed journals: the first on advancing the application of systems thinking in LMICs, and the second on people-centred health systems, also linked to the Third Global Symposium; the Global Health Research Initiative and the Bill & Melinda Gates Foundation, who provided funding for a consultation on the WHO Strategy on HPSR and embedding research into policy-making; and the National Institutes of Health, for developing a methodological peer-reviewed paper on implementation research methods that was published in the British Medical Journal towards the end of 2013.
8. CHALLENGES

Earlier chapters of this report outline the Alliance’s significant achievements in 2013, across each one of its priority programmes of work and in its operations, with particular emphasis on its success in inspiring, nurturing and strengthening capacity in HPSR and implementation research. These achievements are especially laudable, when measured against the many challenges that confront the Alliance in its daily work.

Key challenges faced by the Alliance, several of which relate to capacity strengthening, include:

Understanding which tailored methods, techniques and strategies are most effective in enhancing policy-maker capacity and increasing policy-maker demand for using HPSR evidence in decision-making, in different settings. The Alliance is continuing to make this topic a priority so that important breakthroughs can be made.

In systems thinking, while policy-makers and researchers have shown great enthusiasm to apply learning in their everyday work, they would benefit from better access to practical knowledge, tailored to existing capacity and experience in LMICs. The Alliance will continue to explore opportunities to improve the availability of this knowledge.

In ATM, the requirement for research proposals to adopt a health systems perspective, requiring a multidisciplinary research team and the engagement of multiple health system stakeholders, presents its own unique set of challenges. In practice, it may be difficult for team leaders to assemble a multidisciplinary research team for a single research project, within the time and budget constraints imposed by the funding arrangements. Although the multidisciplinary approach is best provided within research teams that already operate this way, for example, at an institutional level, these configurations are still rare in LMICs.

Improving methods to monitor country-level HPSR capacity and track resource flow to HPSR, in countries and funding agencies, represents an ongoing challenge. Information is often not reported explicitly and terminology may also vary, making the categorization of information difficult and inaccurate.

Linked to this, effective measurement of the impact of HPSR on policy and decision-making, in order to better reflect the contribution of this field of work, and its positive impact on strengthening health systems, is a challenging yet critical requirement for partners and funders alike. The Alliance is resolutely conscious of the need to systematically document the impact of its capacity-strengthening work as well as the impact of its programmes, projects and re-
lated research findings, in general. It is an important requirement for the Alliance’s own strategic and operational learning as well as a vital component of feedback and reporting to funders. Measuring and reporting on impact is an issue of primary concern and the Alliance will continue to focus attention on identifying effective and innovative ways to make further progress in this area.

To address many of the challenges outlined above, the Alliance will continue to place capacity-strengthening initiatives at the heart of its programme priorities and explore the most effective ways to maximize returns on capacity-related resource investments.
ANNEX 1. ACKNOWLEDGING THOSE WHO HAVE SUPPORTED THE ALLIANCE IN 2013

Funding agencies

The Alliance gratefully acknowledges the financial support of the Norwegian Agency for Development Cooperation (Norad), the Swedish International Development Cooperation Agency (Sida) and the UK Department for International Development (DFID). We are also grateful to the Bill & Melinda Gates Foundation, the Global Health Research Initiative, the International Development Research Centre, and the National Institutes of Health, for their support for individual programmes of work.

Alliance Board and STAC

The Alliance extends its thanks to Board and STAC members for their valued support, commitment and contributions to the Alliance in 2013:

Board members

- Sara Bennett (outgoing)
- Somsak Chunharas
- Alex Ezeh
- Paul Richard Fife (new)
- Maimunah A. Hamid
- Marie-Paule Kieny
- Malcolm McNeil
- Sania Nishtar
- Kelechi Ohiri (new)
- David H. Peters (new)
- John-Arne Røttingen (Chair)
- Irene Akua Agyepong (Chair-outgoing)
- Lucy Gilson
- Bocar Kouyate
- Soonman Kwon
- Simon Lewin
- Prasanta Mahapatra
- Göran Tomson (new - Chair)
- Jeanette Vega

Scientific and Technical Advisory Committee (STAC) members

Collaborating institutions and individuals

The Alliance would like to thank its many partner institutions and grantees. During the year, a number of institutions provided extensive support to our programmes of work. We are grateful to all those who supported our grantees and the mission of the Alliance in 2013. We thank those who provided training or participated in one of the workshops, and those who reviewed technical reports and proposals.
## ANNEX 2. ALLIANCE PRESENTATIONS IN AND CONTRIBUTION TO MEETINGS IN 2013

### a) Funded by the Alliance

<table>
<thead>
<tr>
<th>Objective</th>
<th>Audience / Location</th>
<th>Presenter and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organize and facilitate the Implementation Research Platform proposal</td>
<td>IRP Grantees, Montreux Switzerland</td>
<td>Nhan Tran, Abdul Ghaffar, Taghreed Adam, 21-25 Jan.</td>
</tr>
<tr>
<td>development workshop</td>
<td></td>
<td>Abdul Ghaffar, 5-6 Feb.</td>
</tr>
<tr>
<td>Contribute to the first meeting of the WHO Research Chairs to find</td>
<td>DFID Research Team and Wellcome Trust, Health Systems Research Team, London, UK</td>
<td>Abdul Ghaffar and Kent Ranson, 14-15 Feb.</td>
</tr>
<tr>
<td>synergies to work together; and to hold meetings with the Wellcome Trust</td>
<td></td>
<td>Nhan Tran., 25-29 Mar.</td>
</tr>
<tr>
<td>to discuss ongoing collaboration efforts and explore potential future</td>
<td></td>
<td>Abdul Ghaffar, Nhan Tran and John Warriner, 6-11 May</td>
</tr>
<tr>
<td>opportunities</td>
<td></td>
<td>Abdul Ghaffar, 16-19 May</td>
</tr>
<tr>
<td>Contribute to the strategic planning retreat of Health Systems Global</td>
<td>Board of Health Systems Global, London, UK</td>
<td>Abdul Ghaffar, 4-6 Jun.</td>
</tr>
<tr>
<td>in order to agree and formalize arrangements for further collaboration</td>
<td></td>
<td>Nhan Tran, 11-13 Jun.</td>
</tr>
<tr>
<td>Present at a meeting of stakeholders on the use of HPSR in Zambia as well</td>
<td>Zambia Forum for Health Research, researchers and Ministry of Health, Lusaka, Zambia</td>
<td>Abdul Ghaffar and Nhan Tran, 12-14 Aug.</td>
</tr>
<tr>
<td>as to meet with the Minister of Health regarding the establishment of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>formal linkages between research institutions and the Ministry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to a meeting on UHC and measurement of health worker</td>
<td>Dhaka, Bangladesh</td>
<td></td>
</tr>
<tr>
<td>performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organize and facilitate an expert consultation on embedding health policy</td>
<td>Academic researchers, senior officials from health ministries, funders and civil</td>
<td></td>
</tr>
<tr>
<td>and systems research into decision-making</td>
<td>society representatives, Boston, USA</td>
<td></td>
</tr>
<tr>
<td>Present at the launch of the special issue of the Lancet Series on</td>
<td>Researchers, policy-makers and academics, Islamabad, Pakistan</td>
<td></td>
</tr>
<tr>
<td>Pakistan as a member of the Steering Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present at the World Research and Innovation Congress</td>
<td>Innovators, researchers and academics, Brussels, Belgium</td>
<td></td>
</tr>
<tr>
<td>Discussant at the 8th Global Conference on Health Promotion and take</td>
<td>Researchers, ministries of health, civil society members, funders, Helsinki,</td>
<td></td>
</tr>
<tr>
<td>part in a session on the role of research in policy-making</td>
<td>Finland</td>
<td></td>
</tr>
<tr>
<td>Meet the Secretary of Health, India and his team to develop a plan of</td>
<td>Senior officials of the Ministry of Health, Public Health Foundation of India</td>
<td></td>
</tr>
<tr>
<td>action and discuss the use of evidence for improved policy-making in India</td>
<td>leadership, New Delhi, India</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Audience / Location</td>
<td>Presenter and date</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Represent the Alliance HPSR in the Technical Working Group meeting on health, convened by the Sustainable Development Solutions Network</td>
<td>Technical Working Group, Hyderabad, India</td>
<td>Abdul Ghaffar, 15-17 Aug.</td>
</tr>
<tr>
<td>Contribute to a meeting of authors to develop an outline for a methodological reader on participatory action research</td>
<td>Authors of Participatory Action Research Reader, Stockholm, Sweden</td>
<td>Zubin Shroff, 31 Aug-1 Sept.</td>
</tr>
<tr>
<td>Facilitate an Alliance-organized meeting of Systematic Review Centre grantees and technical supporters in the Cochrane Colloquium on Systematic Reviews, including sessions on the new Global Evidence Synthesis Initiative</td>
<td>Quebec, Canada</td>
<td>Kent Ranson, 19-23 Sept.</td>
</tr>
<tr>
<td>Contribute to consultations on Standards of Evidence for decision-making related to implementation</td>
<td>Researchers, NGOs, funders of research, London, UK</td>
<td>Nhan Tran, 19 Sept.</td>
</tr>
<tr>
<td>Represent the Alliance in a joint meeting between Norad/ MFA, AHPSR, TDR and HRP</td>
<td>Funders of HPSR from Norway and UK, Bergen, Norway</td>
<td>Abdul Ghaffar and Nhan Tran, 15 Oct.</td>
</tr>
<tr>
<td>Deliver the keynote address and participate in the 8th conference on Global Health and Vaccination Research</td>
<td>Researchers and decision-makers from Norway and other countries, Bergen, Norway</td>
<td>Abdul Ghaffar and Nhan Tran, 16-17 Oct.</td>
</tr>
<tr>
<td>Contribute to a roundtable on the use of evidence in policy at the World Health Summit 2013</td>
<td>Participants of World Health Summit, Berlin, Germany</td>
<td>Abdul Ghaffar and Nhan Tran, 20-22 Oct.</td>
</tr>
<tr>
<td>Host and coordinate meeting of editors and authors of the next Alliance flagship report on Access to Medicines</td>
<td>Editors and authors of flagship report, Boston, USA</td>
<td>Maryam Bigdeli, 22-23 Oct.</td>
</tr>
<tr>
<td>Contribute to expert consultations on quasi-experimental studies in systematic reviews of health systems research</td>
<td>Boston, USA</td>
<td>Kent Ranson, 14-15 Nov.</td>
</tr>
<tr>
<td>Review submitted papers for the Health Policy and Planning special supplemental issue, on the science and practice of people-centered health systems</td>
<td>New Delhi, India</td>
<td>Kent Ranson, 18-22 Nov.</td>
</tr>
<tr>
<td>Present on systems thinking and its role in health systems strengthening and reforms as part of a meeting to analyze health systems reform in Latin America and the Caribbean</td>
<td>Researchers and policy-makers from eight Latin American countries, Bogotá, Colombia</td>
<td>Taghreed Adam, 25-26 Nov.</td>
</tr>
<tr>
<td>Present on capacity-strengthening approaches at DFID Building Capacity for Use of Research Evidence (BCURE) meeting</td>
<td>Grantees of DFID’s BCURE initiative, London, UK</td>
<td>Nhan Tran, 25-26 Nov.</td>
</tr>
</tbody>
</table>
### Objective

Chair a session on health systems reform in Asia at the Health Systems in Asia conference and present in two sub-plenary sessions (Marshalling mixed-human resources for health, and Access to medicines in Asia: developing equitable and sustainable systems for better health care)

Work with colleagues at the Norwegian Knowledge Centre to complete a paper on the work of the advisory group on health systems research synthesis

### Audience / Location

<table>
<thead>
<tr>
<th>Objective</th>
<th>Audience / Location</th>
<th>Presenter and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair a session on health systems reform in Asia at the Health Systems in Asia conference and present in two sub-plenary sessions (Marshalling mixed-human resources for health, and Access to medicines in Asia: developing equitable and sustainable systems for better health care)</td>
<td>Singapore</td>
<td>Maryam Bigdeli, 13-16 Dec.</td>
</tr>
<tr>
<td>Work with colleagues at the Norwegian Knowledge Centre to complete a paper on the work of the advisory group on health systems research synthesis</td>
<td>Oslo, Norway</td>
<td>Kent Ranson, 16-18 Dec.</td>
</tr>
</tbody>
</table>

### b) Funded by other sources or without funding implications

<table>
<thead>
<tr>
<th>Objective</th>
<th>Audience (or participants)</th>
<th>Presenter and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to a DFID-funded HSR Consortium Advisory Group Meeting</td>
<td>HSR Advisors Committee London, UK</td>
<td>Abdul Ghaffar, 31 Jan.</td>
</tr>
<tr>
<td>Deliver the keynote address on knowledge translation and use of evidence for policy</td>
<td>Faculty and students of King Saud University, policy-makers, Riyadh, Saudi Arabia</td>
<td>Abdul Ghaffar, 19 Feb.</td>
</tr>
<tr>
<td>Deliver the keynote speech at the Aga Khan University Annual Research Day on medical education and research</td>
<td>Faculty and Students of Aga Khan University, Karachi, Pakistan</td>
<td>Abdul Ghaffar, 21-22 Feb.</td>
</tr>
<tr>
<td>Present on policy dialogue processes and best practices: exploratory review in the technical meeting on sharing experiences on health policy dialogue in countries</td>
<td>Around 50 participants from Ministry of Health, WHO, European Union, Brazzaville, Congo</td>
<td>Taghreed Adam, 24-28 Feb.</td>
</tr>
<tr>
<td>Provide technical input for the development of the health policy and systems research strategy of the Ministry of Health, Saudi Arabia</td>
<td>Senior Ministry of Health Officials, Riyadh, Saudi Arabia</td>
<td>Abdul Ghaffar, 20-24 Apr.</td>
</tr>
<tr>
<td>Lecture on systems thinking for health systems strengthening</td>
<td>35 WHO interns, Geneva, Switzerland</td>
<td>Taghreed Adam, 18 Apr.</td>
</tr>
<tr>
<td>External Advisor to the Strategic Committee of the Wellcome Trust</td>
<td>Board of Advisors, Wellcome Trust, London, UK</td>
<td>Abdul Ghaffar, 18-19 Apr.</td>
</tr>
</tbody>
</table>
### Objective

<table>
<thead>
<tr>
<th>Audience / Location</th>
<th>Presenter and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach students in master degree programme at the Institute of Political Studies in Paris, in collaboration with Institute of Tropical Medicine and Prof. Wim Van Damme</td>
<td>Maryam Bigdeli, 19 Apr.</td>
</tr>
<tr>
<td>Review and examine the contribution of research commissioned, conducted or supported by WHO EMRO as part of a meeting coordinated by Regional Director, Eastern Mediterranean Regional Office (EMRO)</td>
<td>Abdul Ghaffar, 30 Apr.-4 May</td>
</tr>
<tr>
<td>Teach at Training on Dissemination and Implementation Research in Health</td>
<td>Nhan Tran, 3-7 Jun.</td>
</tr>
<tr>
<td>Teach health economics and financing at the BRAC School of Public Health</td>
<td>Kent Ranson, 16-20 Jun.</td>
</tr>
<tr>
<td>Teach at the Université Libre de Bruxelles, School of Public Health on their short course on health economics</td>
<td>Maryam Bigdeli, 20-21 Jun.</td>
</tr>
<tr>
<td>External examiner for MSc. in Health Policy and Management at Aga Khan University</td>
<td>Abdul Ghaffar, 22-24 Sept.</td>
</tr>
<tr>
<td>Deliver series of lectures on systems thinking and its role in health systems strengthening: concepts and approaches</td>
<td>Taghreed Adam, 7-8 Oct.</td>
</tr>
<tr>
<td>Present at a meeting on implementation science and HIV/AIDS prevention</td>
<td>Nhan Tran, 25 Oct.</td>
</tr>
<tr>
<td>Present in the Third World Congress for Freedom of Scientific Research</td>
<td>Abdul Ghaffar, 14-15 Nov.</td>
</tr>
<tr>
<td>Represent the Alliance in the regional meeting on accelerating progress towards UHC: Global experiences and lessons for the Eastern Mediterranean Region</td>
<td>Abdul Ghaffar, 5-7 Dec.</td>
</tr>
<tr>
<td>Contribute to the World Innovation Summit for Health organized by the Qatar Foundation</td>
<td>Abdul Ghaffar, 10-12 Dec.</td>
</tr>
<tr>
<td>Lecture on systems thinking for health systems strengthening, as part of the course on health systems and policy</td>
<td>Taghreed Adam, 12-13 Dec.</td>
</tr>
</tbody>
</table>
Secretariat peer-reviewed publications


Peters D, **Adam T**, Alonge O, Agyepong I, **Tran N** (2013). Implementation research: what it is and how to do it. BMJ, 347 http://dx.doi.org/10.1136/bmj.f6753


**Grantee peer-reviewed publications**


ANNEX 4. GRANTEES REPORTS AND RELATED PRODUCTS 2013


Khanna, R (2013). Developing Capacities for using community oriented evidence towards strengthening health planning in Maharashtra, India: an evaluation report. SATHI, Pune, India and Alliance for Health Policy and Systems Research, Geneva, Switzerland


Anwar I, Rahman A, Akhter S (2013). Enhancing Capacity to Apply Research Evidence in Reproductive Health Programs in Bangladesh: Final Activity Report, International Centre for Diarrhoeal Disease Control, Bangladesh (ICDDR,B), Dhaka, Bangladesh
## ANNEX 5. ALLIANCE GRANTEES IN 2013

<table>
<thead>
<tr>
<th>Grant programme</th>
<th>Recipient’s institution</th>
<th>Recipient country</th>
<th>Research title</th>
<th>Start</th>
<th>End</th>
<th>Range of grant amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Review Centres</td>
<td>Peking and Shandong Universities</td>
<td>China</td>
<td>Centre for systematic reviews on health financing</td>
<td>2012</td>
<td>2014</td>
<td>USD 91,770 to 99,475</td>
</tr>
<tr>
<td></td>
<td>Pontificia Universidad Católica de Chile (Catholic University of Chile)</td>
<td>Chile</td>
<td>Centre for systematic reviews of HPSR</td>
<td>2012</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American University of Beirut</td>
<td>Lebanon</td>
<td>Centre for systematic reviews of HPSR in LMICs in WHO Eastern Mediterranean Region (EMRO)</td>
<td>2013</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Research Council</td>
<td>South Africa</td>
<td>Centre for systematic reviews on the effectiveness of health policy options or interventions</td>
<td>2013</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>Access to Medicines Policy Research</td>
<td>FIOCRUZ / Oswaldo Cruz Foundation</td>
<td>Brazil</td>
<td>Impact of consecutive subsidy policies on access to, and use of medicines in Brazil</td>
<td>2013</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chean-Jaco Consulting Company</td>
<td>Cambodia</td>
<td>Access to medicines for chronic noncommunicable diseases in rural Cambodia: synergizing the district health system, risk protection schemes and socio-cultural factors</td>
<td>2013</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centre for the Development of Best Practices in Health</td>
<td>Cameroon</td>
<td>Dissemination of targeted information on medicines through an observatory</td>
<td>2013</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fudan University</td>
<td>China</td>
<td>Improving access to and rational use of medicines through developing equitable and sustainable health insurance schemes in urban China</td>
<td>2013</td>
<td>2014</td>
<td>USD 62,225 to 110,424</td>
</tr>
<tr>
<td></td>
<td>Institute of Public Health</td>
<td>India</td>
<td>Improving equitable access to quality generic medicines for patients with NCDs in Tumkur, India</td>
<td>2013</td>
<td>2015</td>
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<td></td>
<td>Institute for Nepal Environment and Health System Development</td>
<td>Nepal</td>
<td>Enhancing financial risk protection and improving equitable access to medicines: an evaluation of Nepal’s Free Health Care Scheme</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td></td>
<td>Makerere University School of Public Health</td>
<td>Uganda</td>
<td>Access and excess, equity and information: point of care diagnostics and pre-packaged subsidised drugs for integrated fever management for malaria, pneumonia, and diarrhoea in children at private sector drug shops in Uganda</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td>Grant programme</td>
<td>Recipient’s institution</td>
<td>Recipient country</td>
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<td>Start</td>
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<td>Range of grant amounts</td>
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<td>Perinatal Care Project, Diabetic Association of Bangladesh</td>
<td>Bangladesh</td>
<td>Community led evidence-based action for newborns (CLEAN) through participatory women’s groups and health workers</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td>Public Health Foundation of India</td>
<td>India</td>
<td>A scalable approach to improve the coverage, quality and impact of MNCH care in the urban slums of Delhi: Developing a package of MNCH care facilities through an urban community health worker: The ANCHUL project (antenatal and child health care in urban slums)</td>
<td>2010</td>
<td>2013</td>
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<td>Society for Nutrition Education &amp; Health Action</td>
<td>India</td>
<td>Scale up of a provider participatory model to strengthen referral systems for maternal and newborn health in a public health system: evidence from Maharashtra, India</td>
<td>2013</td>
<td>2014</td>
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<td>Public Health Foundation of India</td>
<td>India</td>
<td>Strengthening village health communities for intensified community engagement at scale in two states of India</td>
<td>2013</td>
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<td>Public Health Foundation of India</td>
<td>India</td>
<td>Grants programme for Implementation Research Platform</td>
<td>2013</td>
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<td>Provinicial Health Office, East Nusa</td>
<td>Indonesia</td>
<td>Community engagement in reducing maternal and child mortality</td>
<td>2013</td>
<td>2014</td>
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<td>University of Sierra Leone</td>
<td>Sierra Leone</td>
<td>Community health worker attrition-prevention in Sierra Leone</td>
<td>2013</td>
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<td>Makerere University School for Public Health</td>
<td>Uganda</td>
<td>Effectiveness of grafting social audits to criterion</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td>University of Zambia, School for Humanities and Social Sciences</td>
<td>Zambia</td>
<td>Health policy implementation in Zambia</td>
<td>2013</td>
<td>2014</td>
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<td>Grant programme</td>
<td>Recipient’s institution</td>
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<tr>
<td>School of Social Development and Public Policy, Beijing Normal University</td>
<td>China</td>
<td>Managing health system development in complex and dynamic contexts: the case of China’s new cooperative medical system</td>
<td>2012</td>
<td>2014</td>
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<tr>
<td>Ghana Health Service, Greater Accra Regional Directorate</td>
<td>Ghana</td>
<td>Realist evaluation of the Leadership Development Programme for district manager decision-making in Ghana</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>University of Ghana School of Public Health</td>
<td>Ghana</td>
<td>Provider payment and service supply incentives in the Ghana National Health Insurance Scheme: a systems approach</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td>Institute of Public Health</td>
<td>India</td>
<td>A realist evaluation of a capacity building programme for district managers</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>Centre for Chronic Disease Control, New Delhi and Sree Chitra Tirunal Institute for Medical Science and Technology</td>
<td>India</td>
<td>Understanding the Growing Complexity Governing Immunization Services in Kerala, India</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>Integrated Health Services</td>
<td>Pakistan</td>
<td>Advice seeking behaviour among Primary Health Care physicians in Pakistan</td>
<td>2012</td>
<td>2014</td>
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<tr>
<td>Institute of Public Health</td>
<td>United States of America</td>
<td>Understanding the medical assistant role within primary care systems in the US and Romania: a system dynamics approach</td>
<td>2013</td>
<td>2014</td>
<td>USD 2,000 to 5,000</td>
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<tr>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>United States of America</td>
<td>Dual practice in Kampala, Uganda: using a complex adaptive system lens to explore local management practices in government facilities</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td>Cape Town Health Department</td>
<td>South Africa</td>
<td>Governance, sense-making and the role of middle-managers in district health</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>School of Computing and Informatics Technology, Makerere University</td>
<td>Uganda</td>
<td>Understanding the Dynamics of Neonatal Mortality in Uganda</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>London School of Hygiene and Tropical Medicine</td>
<td>United Kingdom</td>
<td>Stakeholder network influence on systems thinking towards sustainability</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>United States of America</td>
<td>Why cure crowds out prevention - A system dynamics model</td>
<td>2012</td>
<td>2014</td>
<td></td>
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<tr>
<td>Center for Design and Research in Sustainability</td>
<td>United States of America</td>
<td>Sustainability evaluation as learning and sense-making in a complex urban health system in northern Bangladesh</td>
<td>2013</td>
<td>2014</td>
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</table>
### 2. Evidence to policy

#### GENIUS: Generating and innovatively using local knowledge for effective intervention

<table>
<thead>
<tr>
<th>Grant programme</th>
<th>Recipient’s institution</th>
<th>Recipient country</th>
<th>Research title</th>
<th>Start</th>
<th>End</th>
<th>Range of grant amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Universidad Peruana Cayetano Heredia, CRONICAS Center of Excellence in Chronic Diseases</td>
<td>Peru</td>
<td>Identifying barriers to access to noncommunicable disease care and medicines in Peru and developing an appropriate health system and policy response</td>
<td>2012</td>
<td>2013</td>
<td>USD 10,000 to 43,717</td>
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<tr>
<td></td>
<td>University of Geneva</td>
<td>Switzerland</td>
<td>Identifying key lessons learnt from the implementation of the rapid assessment protocol for insulin access as a tool for policy change</td>
<td>2012</td>
<td>2013</td>
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</tbody>
</table>

#### Review of characteristics of evidence to policy documents

<table>
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<tr>
<th>Grant programme</th>
<th>Recipient’s institution</th>
<th>Recipient country</th>
<th>Research title</th>
<th>Start</th>
<th>End</th>
<th>Range of grant amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Centre for Health Economics and Policy Analysis, McMaster University</td>
<td>Canada</td>
<td>Towards a better understanding of the nomenclature used in “push-efforts” to support evidence-informed policy-making in low- and middle-income countries</td>
<td>2012</td>
<td>2013</td>
<td>USD 5,000</td>
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</table>

#### Research on systematic reviews for HPSR

<table>
<thead>
<tr>
<th>Grant programme</th>
<th>Recipient’s institution</th>
<th>Recipient country</th>
<th>Research title</th>
<th>Start</th>
<th>End</th>
<th>Range of grant amounts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>University of London, Institute of Education</td>
<td>United Kingdom</td>
<td>Improving institutional mechanisms to support all aspects of conducting reviews of complex health system questions</td>
<td>2013</td>
<td>2014</td>
<td>USD 10,000 to 24,607</td>
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<tr>
<td></td>
<td>Harvard School of Public Health</td>
<td>United States of America</td>
<td>Preparation of background paper on inclusion of quasi-experimental studies in systematic reviews of health systems research</td>
<td>2012</td>
<td>2013</td>
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</tbody>
</table>

### 3. Capacity development

#### Enhancing policy-maker capacity

<table>
<thead>
<tr>
<th>Grant programme</th>
<th>Recipient’s institution</th>
<th>Recipient country</th>
<th>Research title</th>
<th>Start</th>
<th>End</th>
<th>Range of grant amounts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Anusandhan Trust and State Health Systems Resource Centre</td>
<td>India</td>
<td>Developing capacities for using community-oriented evidence towards strengthening district health planning in Maharashtra state, India</td>
<td>2010</td>
<td>2013</td>
<td>USD 74,845 to 191,000</td>
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<tr>
<td></td>
<td>The Nigerian Academy of Science</td>
<td>Nigeria</td>
<td>Policy research evidence for effective working of Nigerian health systems</td>
<td>2010</td>
<td>2013</td>
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<td></td>
<td>International Centre for Diarrhoeal Disease Research</td>
<td>Bangladesh</td>
<td>Enhancing capacity to apply research evidence in policy-making for reproductive health in Bangladesh</td>
<td>2010</td>
<td>2013</td>
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<tr>
<td>Grant programme</td>
<td>Recipient’s institution</td>
<td>Recipient country</td>
<td>Research title</td>
<td>Start</td>
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<td>Range of grant amounts</td>
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<tr>
<td><strong>Leadership Development Programme</strong></td>
<td>Centre for Health Systems Research, National Institute for Public Health of Mexico</td>
<td>Mexico</td>
<td>Strengthening capacity to demand access and apply implementation research to scale-up maternal health programmes for underserved populations in Mexico, Guatemala and Nicaragua</td>
<td>2012</td>
<td>2013</td>
<td>USD 150,995 to 171,425</td>
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<tr>
<td></td>
<td>Centre for Evidence-based Health Care, Faculty of Health Sciences, Stellenbosch University</td>
<td>South Africa</td>
<td>Policy buddies: building demand for evidence in decision-making through interaction and enhancing skills of policy-makers</td>
<td>2012</td>
<td>2013</td>
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<td></td>
<td>Centre for Health Information Policy and Systems Research, College of Medicine, Nursing and Health Sciences and Fiji National University</td>
<td>Fiji</td>
<td>Nodal institution to support the conduct and use of implementation and health policy and systems research in policy and programme planning, implementation and scale-up</td>
<td>2012</td>
<td>2013</td>
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<td></td>
<td>Public Health Foundation of India</td>
<td>India</td>
<td>Nodal institution to support the conduct and use of implementation and health policy and systems research in policy and programme planning, implementation and scale-up</td>
<td>2012</td>
<td>2013</td>
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<td></td>
<td>Faculty of Sciences, American University of Beirut</td>
<td>Lebanon</td>
<td>Nodal institution to support the conduct and use of implementation and health policy and systems research in policy and programme planning, implementation and scale-up</td>
<td>2012</td>
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<td></td>
<td>Centre for Health Systems Research, National Institute for Public Health of Mexico</td>
<td>Mexico</td>
<td>Nodal institution to support the conduct and use of implementation and health policy and systems research in policy and programme planning, implementation and scale-up</td>
<td>2012</td>
<td>2013</td>
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<td></td>
<td>Zambia Forum for Health Research</td>
<td>Zambia</td>
<td>Nodal institution to support the conduct and use of implementation and health policy and systems research in policy and programme planning, implementation and scale-up</td>
<td>2012</td>
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<td><strong>Nodal Institutions</strong></td>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>United States of America</td>
<td>Guide to implementation research for practitioners and health researchers</td>
<td>2012</td>
<td>2013</td>
<td>USD 34,460</td>
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<td></td>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>United States of America</td>
<td>Mapping capacities of ministries of health to demand, access, and use evidence in decision-making</td>
<td>2013</td>
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<td>USD 49,962</td>
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<td>International Health Policy Programme</td>
<td>Thailand</td>
<td>Anne Mills fellowship programme</td>
<td>2012</td>
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<td>USD 50,000</td>
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Contributions 2013: US$7,704 (000)

- SIDA: 2,424
- NORAD: 684
- DFID: 4,375
- IDRC: 102
- OTHER: 70
- GATES: 50

Expenditures\(^2\) 2013: US$7,590 (000)

- Programme Support Costs: 873
- Staff costs: 2,581
- Governance and Management: 270
- Knowledge Generation: 2,553
- Advocacy, Dissemination & Communications: 485
- Evidence to Policy: 177
- Capacity Strengthening: 650

1. Other includes contributions from NIH and China Star.
2. Expenditure includes encumbrances.
Founded in 1999, the Alliance for Health Policy and Systems Research, an international collaboration hosted by the World Health Organization, promotes the generation and use of health policy and systems research (HPSR) as a means to improve the health systems of low- and middle-income countries. Working with more than 360 partner organizations around the world, 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.