Strengthening health systems: What works?

Alliance for Health Policy and Systems Research
Annual Report 2009
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Message from the Chair of the Board

I am delighted to introduce the 2009 Annual Report of the Alliance for Health Policy and Systems Research. In this, the 10th year of the Alliance, it is clear that the Alliance goes from strength to strength, riding on the wave of interest in health systems strengthening.

The Alliance has forged ahead in advocating and demonstrating the value of health policy and systems research (HPSR) to improved decision making, addressing all three areas of the generation of knowledge, the promotion, dissemination and use of knowledge, and the strengthening of capacity. Particularly notable achievements this year have been the 2009 Flagship Report, *Systems Thinking for Health Systems Strengthening*, which examines what really works in systems strengthening initiatives, the funding provided by the Government of Norway to the Alliance for a new programme of work on implementation research, and the start of another new line of activity, funded by DFID, to increase the use of evidence in policies to improve access to essential medicines in low- and middle-income countries, especially for the poor. These two major new streams of funding demonstrate the trust of the Alliance’s core funders in its ability to design and implement new programmes of work. I am also very pleased with the progress of the Alliance’s advocacy and communications strategy.

The Alliance owes a debt of gratitude to Dr Lindiwe Makubalo for ably stepping in as interim Executive Director following the departure of Dr Sara Bennett, and I am delighted to welcome Dr Abdul Ghaffar as the new Executive Director.
Having led the creation of the Alliance as Chair of the interim Board, and subsequently chaired the Board for 10 years, I decided in late 2009 that the time was ripe to step aside and leave others to take the Alliance forward. I have greatly enjoyed my years in supporting the Alliance, and especially the close working relationships with the Board, Secretariat and STAC. The Alliance is most fortunate in being able to call on the expertise of so many people who believe in the value of HPSR. I will miss being so engaged with the Alliance, but am happy that the Alliance is so well positioned to continue to flourish in the future in the interests of improved health system decision making.

Anne Mills

Chair, Board of the Alliance for Health Policy and Systems Research
Strengthening health systems: What works?

Strengthening health systems has become a guiding principle for many in the global health community. While the past few years have seen various developing countries and funding agencies increase their commitment, resources, and interventions for strengthening health systems, there are many competing concepts and approaches, and many ambiguities around what health systems strengthening really means and what it entails. As a result, for many health system stewards and policy-makers in the developing world, improving a health system has become a balancing act. They must weigh the need for disease-specific programming with those targeting the health system as a whole; national priorities with global initiatives; and policy directives with “street-level” realities.

Within this landscape, the Alliance for Health Policy and Systems Research carved new pathways in 2009. Marking its ten-year anniversary, this past year saw the Alliance providing strong leadership in the field of health policy and systems research (HPSR). Through a combination of leading-edge activities and approaches, the Alliance stimulated and supported the generation and synthesis of policy-relevant health systems knowledge; promoted the dissemination and use of health policy and systems knowledge; and strengthened capacity to generate, synthesize and use HPSR among researchers, policy-makers and other stakeholders.

Two approaches deserve special highlight here. The first is the Alliance’s 2009 Flagship Report, *Systems Thinking for Health Systems Strengthening*. Responding to the needs of developing-country stakeholders, and developed through several workshops and consultations, this Report contributes to a better understanding of what really works in systems strengthening initiatives. It stimulates and legitimizes
fresh thinking on persistent problems for an interdisciplinary audience of health system stewards, programme implementers, researchers, evaluators and funding partners. The Alliance sees this Report as the beginnings of a new stream of work, particularly in partnering to apply – and learn from – these concepts in real-life settings.

The second initiative of note is the Alliance’s new programme of research linked directly to implementation. Selected by the Government of Norway to host this new initiative, the Alliance will focus substantial resources in demonstrating how implementation research can generate new knowledge to influence health outcomes. Critically, this new initiative will generate lessons on the best approaches to scale up in-country services, and disseminate this knowledge for the primary purpose of strengthening national health systems.

Over its ten years of operations, the Alliance has established its position and is now considered a major player in the field of health policy and systems research. However, during that time, not only has interest in this field significantly increased, but many more players have actively started working in this historically ignored area of research. With these new actors now involved in HPSR, a challenge for the Alliance lies in maintaining its unique role, its leadership on multiple levels, its contributions to the field, and its relationships with partners.
Looking back, the Alliance has put greater emphasis on the generation of knowledge as compared to its use. The emphasis reflects less a strategic choice than the great difficulties in creating demand among research-users to use evidence – further compounded by a limited understanding of what works in knowledge translation and research utilization. However, the Alliance – through enhanced interaction and dialogue with policy-makers, planners and other health system stakeholders – must now become more proactive in its engagement with decision-makers, and in supporting such engagement in the work of its partners. Assisting partners in this regard, though, remains a significant challenge, with few clear rules of engagement and often the absence of measurable benefits for the parties involved. The Alliance, however, retains its deep conviction in the imperatives of uniting knowledge and action, and will correspondingly re-balance its programming and resources in the coming years.
Goals and Objectives of the Alliance HPSR

Since its inception, the Alliance’s overall goal has remained unchanged – promoting the generation and use of health policy and systems research (HPSR) as a means to improve health and health systems in developing countries. The Alliance pursues this goal by developing and harnessing existing methods and approaches to improve both the quality of research and its ultimate uptake, with particular attention to (see Table 1):

- Stimulating the generation and synthesis of policy-relevant health systems knowledge;
- Promoting the dissemination and use of health policy and systems knowledge;
- Strengthening capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.

As in years past, the Alliance focused its work on three thematic areas: health care financing, human resources for health, and the role of the non-state sector. In 2010, the Alliance is planning to launch a new work programme on a fourth thematic area – access to medicines, with financial support from DFID.
Table 1: Alliance HPSR objectives and strategies

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Short-term strategies (2008 - 2010)</th>
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| **Objective 1:** Stimulate the generation and synthesis of policy-relevant health systems knowledge, (evidence, tools and methods) | **Strategy 1:** Leverage resources to fund original empirical HPSR  
**Strategy 2:** Generate (or support the generation of) new knowledge in strategic areas  
**Strategy 3:** Fund synthesis teams and support 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 | **Strategy 4:** Package syntheses and make them readily available to health system managers and public policy-makers  
**Strategy 5:** Sponsor national processes in order to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums |
| **Objective 3:** Strengthen capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders | **Strategy 6:** Develop policy-maker and civil-society capacity to identify, assess and apply HPSR evidence to policy  
**Strategy 7:** Strengthen HPSR methodologies and their uptake through improved teaching of HPSR |
Achievements

2009 saw some important organizational developments for the Alliance. Before discussing 2009’s programmatic directions – the bulk of this Report – below we review key organizational events in the Alliance’s global partnership work; in its advocacy and dissemination; and in its core fundraising.

Working with partners

Over 2009, the Alliance made particular strides in building partnerships with organizations and entities interested in the generation and use of research evidence – especially within the World Health Organization (WHO) itself. Below are select examples of this emerging cooperation.

Working with Geneva-based health research entities

Since the Bamako Ministerial Forum in 2008, some academics and donors have argued that a number of global health entities with seemingly similar objectives – particularly those based in Geneva – tend to work independently. This naturally raises questions about their strategic and operational efficiencies.

The response of these Geneva-based entities to such commentary has been strong. Their desire to increase dialogue and interaction – and explore shared roles, responsibilities and activities – has resulted in the formation of the Geneva-Based Collaborative Arrangements for Global Health Research. The group includes the following six WHO-based research partnerships and two non-governmental organizations:
– The Special Programme for Research and Training in Tropical Diseases (TDR);
– The Special Programme on Research, Development and Research Training in Human Reproduction (HRP);
– The Initiative on Vaccine Research (IVR);
– The Alliance for Health Policy and Systems Research (AHPSR);
– The Department of Public Health, Innovation and Intellectual Property (PHI);
– The Department of Research Policy and Cooperation (RPC);
– The Council on Health Research for Development (COHRED); and

Throughout the year, the Alliance participated actively in all discussions in creating this group, playing a particular role in bringing together partners and promoting health systems research – a common interest uniting all eight entities, to which the Alliance can bring its high-level technical expertise in HPSR.

Platform for implementation research on scaling up

The Government of Norway has identified both inadequate knowledge and the need for its synthesis as critical gaps in addressing the disease burden in developing countries – particularly as it affects infant, child, neonatal and women’s health. It saw the Alliance as an organization well positioned to house and direct a programme to achieve short, medium and long-term impact through a programme of research linked directly to implementation. Building on existing examples demonstrating that implementation research can generate new knowledge to influence health outcomes, this new initiative will generate
lessons on the best approaches to scale up in-country services, and disseminate this knowledge for strengthening national health systems.

To optimize available experience and expertise among partners, the Alliance will collaborate with a number of partners in this initiative, specifically TDR, HRP and the WHO’s Department of Child and Adolescent Health.

**Working with other departments within WHO’s Health Systems and Services Cluster**

The Alliance has issued joint calls with the WHO’s Department of Health Systems Financing to “assess efforts towards universal financial risk protection”¹ in low- and middle-income countries (LMICs) and with the Department of Human Resources for Health on “identifying incentives to retain health workers in underserved areas”².

The Alliance is also planning a new area of work on Access to Medicines, to be implemented in close collaboration with the WHO’s Department of Essential Medicines and Pharmaceutical Policies.

**First Global Symposium on Health Systems Research**

To highlight the role and promise of health policy and systems research in strengthening national health systems, the WHO’s Information, Evidence and Research (IER) Cluster is organizing the “First Global Symposium on Health Systems Research”. The Alliance is one of several important partners in organizing this symposium – not only as a member of the steering committee, but in providing inputs in the design of the programme itself.

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¹ “Assessing efforts towards universal financial risk protection in low- and middle-income countries”. For the Call in its entirety, see http://www.who.int/alliance-hpsr/AllianceHPSR_CallUniversalCoverage.pdf

² “Incentives to attract and retain qualified health workers to under-served areas within low- and middle-income countries”. See http://www.who.int/alliance-hpsr/Health%20Worker%20Incentives%20Underserved%20areas.pdf
Supporting and working with Regions

Despite its global mandate, the Alliance does undertake specific regional work. For instance, in 2009 the Alliance made special arrangements to initiate a programme establishing the Asian Health Systems Observatory in the Western Pacific Region of WHO (WPRO). This support to WPRO was provided in close collaboration with EVIPNet (Evidence Informed Policy Network of WHO), with an initial activity dedicated to developing policy briefs on the role of primary health care.

Advocacy and communications

In 2008, the Alliance had developed an advocacy strategy to guide its work in promoting increased investment in HPSR over the next few years. In its five inter-related approaches (see Box 1), the strategy aims its activities at two main audiences: health policy-makers in developing countries, and potential funders of health systems research. Researchers are and will remain an important audience for the Alliance HPSR, but a focus group discussion held in a meeting with the Alliance Board and STAC members identified as a top priority the need to advocate for HPSR among policy-makers and potential funders.
BOX 1

The advocacy strategy’s five related approaches:

- to clearly describe HPSR and the Alliance using ideas and terms that non-specialist audiences can understand;
- to directly confront and refute common misunderstandings surrounding HPSR through a series of prepared counter-arguments;
- 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;
- to develop a collection of success stories in which HPSR has contributed to health systems strengthening;
- to focus on people (including researchers, health workers, and community members) and tell their stories to illustrate larger issues around HPSR.
In 2009, the advocacy strategy was converted into a three-year workplan, prioritizing work on an HPSR “target audience analysis”. The analysis involved interviewing a select number of policy-makers and funders for their knowledge and opinions of HPSR and its use in their policy and decision-making processes. Box 2 highlights quotes from interviews undertaken with policy-makers in 2009. Interviews with potential funders of health systems research will be carried out in 2010.

Preliminary results demonstrate that, in general, policy-makers value the importance of developing evidence-informed policy, but require more resources and time to do so with the appropriate rigour. Several argued that increased interaction with researchers is needed early in the process to ensure that research responds to the actual needs of policy-makers and their priority policy questions. It was also emphasized that research should be made more digestible and accessible to policy-makers.
Selected quotes from interviews with policy-makers for the Target Audience Analysis

Have you heard of the Alliance for Health Policy and Systems Research?

“The first time I came across the Alliance was at the Ministry of Health library where I found the Alliance CD, which includes — among other publications — research papers. I then visited the Alliance website which has been very useful to obtain further knowledge on the area. We would like more interaction with the Alliance, for example the Alliance could support us in raising awareness among policy-makers about the importance of research and its translation into policy.”

“No, I would be interested to know more. It would be helpful if the Alliance could create increasing understanding of what research can do; provide best practices, case studies… [and] explain how research has influenced outcomes.”

What is the importance of applying health systems research in policy development?

“There seems to be a gradual understanding and people are asking for the evidence and research underlying policy proposals.”

“Policy in our country is not usually evidence-based… there is a lot of research but it is not coordinated.”

“It is difficult to have it accepted widely, many don’t understand its importance. Policy-makers don’t want to spend too much time on an issue, they want a quick fix. It is therefore a challenge of time and resources.”

What barriers do you face in accessing or using research?

“What the academics study often doesn’t fit what we need and is not useful in the real world.”

“The link between academic research and policy-making is there but not strong enough. A real challenge is funding, academics expect the Ministry to fund their research and support them… there are issues of ownership, they don’t want to share their research if we don’t fund them.”
Another activity begun in 2009 was the development of a short video on HPSR, featuring interviews with various stakeholders sharing opinions, needs, along with common challenges and myths. The Alliance has also developed a short promotional video as part of various activities around the launch of the Alliance’s Flagship Report on *Systems Thinking for Health Systems Strengthening*. This video was filmed around the Report’s launch at the Global Forum for Health Research in Cuba and features experts and policy-makers from LMICs. It will be available for viewing and download on the Alliance’s website in April 2010.

In addition to the implementation of the advocacy strategy, the Alliance produced a range of communications products, including two *Briefing Notes – Priority Setting for Health Policy and Systems Research* and *Systematic Reviews for Health Policy and Systems Research*. These, together with other products, are available on the Alliance’s website or in hard copy from the Secretariat.

Finally, the Alliance continues to develop its web site, seeing it as a major portal for distributing knowledge in health policy and systems research. It now features, on the advice of the Board and the desire of several donors, products in each of English, French and Spanish. An analysis of web traffic shows a 25% increase in daily numbers of visitor sessions during 2009 as compared to 2008. The traffic on the website doubled on the week of the Flagship Report’s launch (reaching 796 visitor sessions per day). The Alliance announced the Launch via various channels, including the WHO website, the Alliance’s website, various list serves, and a mass mailing sent to Alliance partners and WHO colleagues. A list of the Top Ten publication downloads from the Alliance’s website in 2009 is provided in Annex 2.
**Fundraising**

The strength and relevance of the Alliance’s work in 2009 is well reflected in the continued support of its major funders – the Government of Norway (NORAD), the Swedish International Development Cooperation Agency (Sida/SAREC), and the UK Department of International Development (DFID).

Appreciating the role and leadership of the Alliance in the field of HPSR, NORAD will provide US$ 10 million over the next five years to launch a new programme on “implementation research for scaling up”. Similarly, DFID has agreed in principle to provide approximately £ 5 million over five years to establish a new program on Access to Medicines. The primary purpose of this program is “to increase the use of evidence in policies to improve access to essential medicines in low- and middle-income countries, especially for the poor”.

AusAID provided AUS$ 500,000 for the core functions of the Alliance, with particular emphasis on building the capacities of researchers and research-users in the Asia and Pacific Region.

The Rockefeller Foundation provided US$ 150,000 to map health policy analysis institutes in developing countries, and the Wellcome Trust (WT) contributed US$ 500,000 for a joint WT/Alliance “enhancing policy-maker capacity” grant. The financial report for 2009 is presented in Annex 3.
Challenges

As noted, 2009 saw the Alliance actively strengthening its relationships with various partners to harmonize and coordinate research efforts between institutions involved in HPSR. While this has certainly been a fruitful experience, the difficulties of maintaining active dialogue and developing joint products do involve some compromise – notably around efficiency in achieving expected results, particularly on time-sensitive issues. However, we appreciate the great importance of these coordinating efforts and expect our ongoing experience to only streamline and enhance the process.
Stimulating the generation and synthesis of policy-relevant health systems knowledge

Achievements

As reflected in its goal and strategies, the Alliance took an active stance in generating new knowledge in 2009 – both as a creator and as a supporter of its partners’ work. Its major publication in 2009 was its Flagship Report, *Systems Thinking for Health Systems Strengthening*, with a host of smaller publications including briefing notes and newsletters. In addition, the Alliance continued to support four Systematic Review Centres – with two systematic reviews published – and several new and ongoing research grant programmes. Below are highlights of the main products developed in 2009.

The Alliance 2009 Flagship Report: *Systems Thinking for Health Systems Strengthening*

Every two years, the Alliance produces a Flagship Report on a cutting-edge topic that keeps the Alliance “ahead of the curve”. Arrived at in consultation with its Board, STAC and selected partners, 2009’s Report addresses questions that confront health practitioners across the globe: how can we start thinking in “systems” in order to strengthen them? How can we better understand the effects an individual intervention may have on the overall health system? And how can we evaluate our efforts given the inherent complexity of systems and the way interventions affect the various building blocks of a health system?
Stimulating the generation and synthesis

The Report offers a fresh and practical approach to strengthening health systems through “systems thinking”. It can be considered a primer on this topic, offering simple yet profound explanations of complex issues from designing system-oriented interventions to evaluating their effects. As investments in health are increasingly directed to health system strengthening, this Report helps to understand better not only what works but what works for whom and under what circumstances.

The Report was launched at the Global Forum for Health Research in Havana, Cuba in November 2009, supported by a range of promotional materials, including a six-page brief for policy-makers. More than one hundred people attended the launch, with hundreds of copies disseminated during the event. Since then, the Alliance Secretariat has received several requests for presentations on the topic and strong demand to collaborate on moving this kind of “thinking” forward. The Report has already been cited in instrumental publications and high impact journals³ and “systems thinking” is indeed becoming a widely accepted approach in both understanding and strengthening health systems⁴.

The Secretariat sees this product as a notable achievement and is keen to respond to the demand the Report has created. This stream of work will, therefore, continue to feature in the Alliance’s 2010 workplan and additional funds, collaborators and products will be identified.

³ “Assessment of complex interventions in changing health systems requires different approaches from the standard randomized trial of a fixed intervention, such as a move to systems thinking and prospective evaluation with plausibility rather than probability designs, in which process and context evaluation are integral parts along with effects and economic evaluations.” Peterson, S. Assessing the scale-up of child survival interventions. The Lancet, Volume 375, Issue 9714, Pages 530 – 531, 13 February 2010.

Call for Expression of Interest: Universal Coverage

In collaboration with the WHO’s Health Systems Financing Department and technical support from the University of Cape Town, in April 2009 the Alliance issued a Call for Expression of Interest aimed at “Assessing efforts towards universal financial risk protection in low- and middle-income countries”. The aim of the Call was to identify the factors that hinder or enable the expansion of universal financial risk protection, with the end-product of the Call likely to be a book or a special journal edition. Out of a large number of letters of interest, fifteen applications were discussed by the adjudication panel and ten shortlisted to attend the proposal development workshop scheduled to be held in Cape Town in March 2010.

To complement the studies from the Call on universal coverage in developing countries, the Secretariat undertook a review on methods that have been used to investigate universal coverage in high-income countries. This review is expected to shed light on the nature and breadth of the various methods used in high-income countries, with particular relevance for developing countries. It will be submitted for peer review in 2010.

Systematic Reviews

In 2007, the Alliance awarded four three-year grants to create centres for systematic reviews of HPSR in developing countries. The four systematic review centres and their focus themes are shown in Table 2 below.

In 2009, these Centres published two systematic reviews of HPSR issues that were conducted the previous year — listed on the Alliance website — and made progress on new reviews. Early during the year, teams from Bangladesh and

5 See http://www.who.int/alliance-hpsr/AllianceHPSR_CallUniversalCoverage.pdf for the full Call.
Uganda published reviews conducted during 2008 in the prestigious Cochrane Library. During 2009, each of the three thematic centres worked both on a Cochrane EPOC review (of quantitative “effects” studies) and on a synthesis review covering a broader range of quantitative and qualitative primary literature. The team in China, for example, completed a Cochrane effects review titled “Outreach strategies for expanding health insurance coverage in children,” and began a synthesis review on means testing for targeting the benefits of health programmes. Teams continued to work with the guidance and support of northern collaborators at the Oslo Satellite of the Cochrane Effective Practice and Organization of Care (EPOC) Group, the EPPI-Centre (Institute of Education, University of London), and the Effective Health Care Research Programme Consortium (Liverpool School of Tropical Medicine).

In addition, on behalf of the Centres, Dr Tracy Koehlmoos from ICDDR,B Bangladesh and Dr Suzanne Kiwanuka from Makerere University, Uganda presented at the Campbell Colloquium on: Centres for the systematic reviews of health policy and systems research: progress and challenges. The presentation outlined the methodological challenges experienced in developing these Centres. Among them are the limited skills available for carrying out the various steps of a systematic review; inadequate access to certain search engines and databases; and slow or irregular Internet access. The lessons learnt have generated debate and suggestions on how the systematic review process can be tailored to generate systematic reviews that are more relevant to developing countries. During a second round of reviews, teams are employing new methodologies to improve on current approaches in answering HPSR questions.
<table>
<thead>
<tr>
<th>Team</th>
<th>2008 products, published during 2009</th>
<th>2009 products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-State Sector Team – Bangladesh (Tracey Koehlmoos)</td>
<td>Published a Cochrane EPOC review on social franchising.</td>
<td>Completed synthesis review on social franchising. Completed title and protocol registration of Cochrane EPOC review on Impact of Community Mobilization on Safe Motherhood.</td>
</tr>
<tr>
<td>Methodology Centre Team – Chile (Tomas Pantoja)</td>
<td>Support to thematic teams.</td>
<td>Drafted paper on methodological challenges in conducting HPSR reviews, based on qualitative research. Wrote a short paper on “What is a synthesis / mapping review?”</td>
</tr>
<tr>
<td>Health Systems Financing Team – China (Quingyue Meng)</td>
<td>Synthesis review (based on longer technical report) on scaling up of health insurance schemes is under review at Health Policy and Planning.</td>
<td>Completed Cochrane EPOC review on scaling up of insurance for children. Commenced synthesis review on means testing.</td>
</tr>
<tr>
<td>Human Resources for Health Team – Uganda (George Pariyo)</td>
<td>Published a Cochrane EPOC review on pre-licensure innovations that aim to increase the number of health workers through education.</td>
<td>Worked simultaneously on synthesis and Cochrane EPOC reviews on dual practice.</td>
</tr>
</tbody>
</table>
An Overview of Systematic Reviews on Pharmaceutical Policy

The need to improve medicine’s use in developing countries is well recognized and documented, and the World Health Organization has developed guidelines important for daily practice at country level but little research or evidence exists on pharmaceutical use and policy. An overview of systematic reviews on pharmaceutical policy was undertaken by Andy Gray and Fatima Suleman at the University of KwaZulu-Natal, South Africa. Its objective was to determine the effects of pharmaceutical policies on rational drug use. This was done as a first step towards establishing a list of “gaps” – areas that require further research, both secondary and primary – that would inform the new DFID-funded programme of work on Access to Medicines.

Overall, the review highlighted the dearth of studies from developing countries and an overall inadequate methodological rigour in the majority of studies. Other findings pointed to the limited effect of distributing educational materials only on rational drug use while demonstrating that group education might have some effect – and better still, one-to-one detailing of information, alerts and reminders were found to be effective in changing prescribing behaviour.
Global HIV/AIDS Initiatives Network

An initial Call for Proposals issued in 2005 outlined the need for research that could assist national and international policy-makers understand how Global Health Initiatives (GHIs – e.g. PEPFAR and GFATM) were affecting health systems. In 2009, research teams concluded their important work, which recently informed both the WHO’s “Positive Synergies” project and the recent Lancet publication on interactions between GHIs. Alliance grantees have documented the effects of GHIs on health systems, with particular attention to the themes of human resources for health, the participation of civil society, and coverage of “non-focal” services. While evidence from this work will certainly influence international debates, perhaps even more critically we hope they will inform country governments in their negotiations and dialogues with development partners.⁶

Challenges

This area of work is developing well and as long as adequate attention is given to various forms of dissemination of the knowledge generated, we do not anticipate critical challenges in this area.

⁶ More information about the range of studies supported by the Alliance can be found on the Alliance website and also on the website of the Global HIV/AIDS Initiative Network (GHIN) at http://www.ghinet.org.
Promoting the use of health policy and systems knowledge to improve health systems performance

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 convening deliberative forums.

While there have been some notable achievements in 2009, progress against this objective has not been optimal to date. The Alliance continues to see this work as a fundamental component of HPSR and will pursue further opportunities in this area.

### Achievements

#### Packaging syntheses

The Alliance’s focus on synthesis is well seen in its support to the four systematic review centres in Bangladesh, Chile, China and Uganda. The Chilean Centre on Methodologies continued to work with the EU-funded SUPPORT project to produce summaries of existing systematic reviews of health systems interventions in a user friendly form. To date, 40 summaries of systematic reviews of health system interventions have been produced and are available on the SUPPORT project website and through a link on the Alliance’s website.

In 2009, the Alliance, together with the Norwegian Agency for Development Cooperation (NORAD) and the Milbank Memorial Fund, funded a peer-review meeting to discuss a series of articles outlining a comprehensive set of tools guiding better use of research evidence in policy-making. The total of 17 articles were published at the end of 2009 as a supplement in Health Research Policy and Systems (See Box 3).
The ‘SUPPORT tools for evidence-informed health policy making’ were recently published as a supplement in the open-access Health Research Policy and Systems. The series addresses four broad areas: supporting evidence-informed policy making; identifying needs for research evidence; finding and assessing research evidence; and moving from research evidence to decisions.

The 17 SUPPORT tools will be available in Chinese, French, Portuguese and Spanish in early 2010. English versions can be found at: www.health-policy-systems.com/supplements/7/S1
Sponsoring national processes for evidence-informed policy making

In 2008, the Alliance launched a second call for proposals under this area of work. In “Supporting national processes for evidence-informed policy in the health sector of developing countries” this Call sought to strengthen evidence-and-policy linkages and processes at the country level. The five teams selected in the Call are from Argentina, Bangladesh, Cameroon, Nigeria and Zambia. Implementation of these grants began in 2009 and grantees are making their first but tangible steps as illustrated in Box 4.

In order to support monitoring and evaluation activities and to develop partner capacity for developing new evaluative methods and approaches, the Alliance launched a Call for “Evidence-to-Policy” Fellows. The objective of this fellowship programme, to begin in 2010, is to fund early- to mid-career individuals for a three-year period to build capacity in undertaking evidence-to-policy-related research as well as documenting Alliance-funded country-level work to better understand what works in knowledge translation.
BOX 4

Cameroon

Provision of strategic information to support transitioning towards a health Sector Wide Approach (SWAp) aiming at health district development within the Primary Health Care (PCH) framework in Cameroon.

The grant is divided into seven activities:

1. Capacity building;
2. Producing and communicating four policy briefs;
3. Producing eight bulletins focusing on the policy relevant evidence emerging from National Health Management Information System (NHMIS);
4. Organizing two deliberative forums on health financing and scaling up of malaria control activities;
5. Developing a directory of key actors in evidence-to-policy activities;
6. Developing a clearinghouse providing access to summaries, policy briefs and other documentation;
7. Conducting consultative processes to identify HPSR issues, challenges in evidence to action and cutting edge issues in HPSR.

As part of its programme, the Centre for Development of Best Practices in Health (CDBPH) launched a series of health strategic information bulletins on 1st October 2009, which intends to convert HMIS data into a user-friendly and policy relevant format suited for policy-makers. In collaboration with the Yaoundé Central Hospital, a policy brief has also been published on “Scaling-up enrolment in community-based health insurance in Cameroon”.

This is available for download at: http://www.cdbph.org/
Health Systems Observatory in the Western Pacific Region

In 2008, the Alliance had initiated dialogue with the Western Pacific Region to contribute to the establishment of a regional health systems observatory. Informing this dialogue was an Alliance-commissioned feasibility study in 2007 that examined the potential of establishing and developing such an observatory for the region. These discussions led to a 2009 grant supporting regional researchers in producing three country-specific and two regional policy briefs around the key health systems policy issues of the region. This grant is seen as a contribution towards the establishment of the regional Observatory, which will be launched mid 2010.

Support to EVIPNet in the Western Pacific Region

The Alliance has continued to support activities related to the Evidence-Informed Policy Networks (EVIPNet) teams, particularly in Asia. This included a grant to assist the regional coordination of EVIPNet activities, including support for training and capacity-building activities. In 2009, in collaboration with the WHO Western Pacific Region, the Alliance supported two training workshops for researchers and policy-makers from EVIPNet teams in Asia.
The first workshop was held in Malaysia in February 2009, with the objective of improving capacity for the development of policy briefs and in the use of evidence for health systems decision-making. The second workshop was held in China in December 2009 with the main goals of peer-reviewing the policy briefs prepared by the EVIPNet Asia teams since the first workshop, discussing the conduct of their respective activities throughout 2009, and reviewing and revising articles for publication. Five teams from China (which has three teams), Malaysia and Vietnam attended the meeting.

Policy briefs are nearing completion and will be disseminated in 2010.

**Challenges**

Although the Alliance recognizes this objective as key to advancing the role of HPSR in evidence-informed policy making, progress so far has been less than desired. Limitations include the relative lack of information on what evidence-to policy activities may work in the wide range of developing country and policy contexts, but also the limited resources and lack of critical mass in the Alliance Secretariat to advance this area of work.
Facilitating the development of capacity for the generation, dissemination and use of health policy and systems research

SUMMARY

Under this objective the Alliance has pursued two main strategies including:

- 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.

Achievements

Limited investments and inadequate infrastructure have contributed to a context in which few health researchers in low-income countries can thrive. Capacities to create, synthesize or use knowledge remain a major challenge in developing countries, with very few researchers able to effectively design, conduct, analyse and disseminate studies in the field of HPSR, and research methods require much greater development. To get a more detailed picture of such challenges, the Alliance has begun mapping the capacities of LMIC institutes, developing a Reader on Health Policy and Systems Research Methods as well as awarding research grants on methods to institutions, policy-makers and individual researchers.

Supporting capacity development through health policy analysis institutes

A landscaping study of Health Policy Analysis Institutes (HPAIs) was coordinated by the Alliance and funded by the Rockefeller Foundation. The Foundation had expressed an interest in supporting the development of capacity for HPAIs in low- and middle-income countries in order to contribute to national policy formulation. This study aimed to inform the Rockefeller Foundation and other organizations and partners interested in such national capacity building.

The study comprised three different phases including: (i) a literature review; (ii) a mapping of existing institutes and; (iii) case studies of specific institutes in six countries (Bangladesh, Ghana, India, South Africa, Uganda and Vietnam). HPAIs were defined as having the primary purpose of supporting health policy development and implementation through analysis and research, having health
policy-makers as their primary audience, but otherwise were understood to take a variety of organizational forms. A total of 78 HPAIs – 38 in Asia; 21 in Africa; 8 in Latin America; 8 in Europe and the Former Soviet Union; and 3 in the Middle East – were identified, although it is likely that this is an underestimate given the data sources available for this mapping.

The case studies were conducted by collaborating researchers in each of the countries involved. All but one of the institutes studied were at least ten years old. While many of the institutes studied had been successful in terms of positively influencing policy development through research and policy analysis, even the most successful of the institutes survived in a rather “hand-to-mouth” fashion, facing great difficulty in securing long-term core support for their activities. The study found that successful institutes took multiple organizational forms, with different structures and relationships with government being effective under different conditions. Having at least a degree of autonomy from government appeared important.

The study identified a number of factors influencing the successful development of HPAIs notably:

- The development of a culture of evidence-informed policy making. This is perhaps the most important single factor influencing successful HPAI development, with demand from government for independent analysis found to be key;

- The establishment of a degree of autonomy. Although a completely arms-length relationship with key decision makers may be neither desirable nor feasible, establishing a degree of autonomy and buffers between an institute and the MOH is critical;
Well networked and highly respected leaders are a critical asset to HPAIs, however excessive reliance on a single charismatic or influential leader can lead to problems of its own;

Funding is a critical challenge for many HPAIs. Organizational strategies to develop a funding base which is: (i) diverse, (ii) provides some degree of flexibility; and (iii) is not spread across too many small projects are important.

The study provided important lessons both for potential funders of such institutes and for the institutes themselves. These lessons are being packaged and disseminated as policy briefs, and through face-to-face meetings.

**Enhancing policy-maker capacity**

In 2008, the Alliance launched a *Call for Proposals* on “Enhancing capacity to apply research evidence in policy making,” with the objective of developing and evaluating innovative approaches to enhance policy-makers capacity to use evidence in the policy process. Most proposals and all selected grantees were from middle-income countries. The Alliance, together with the Wellcome Trust, therefore decided to re-launch this call but with a primary focus on low-income countries. The Call was launched at the end of 2008 with a closing date in January 2009. Small start-up grants were awarded to nine teams from low-income countries, and a workshop was held in Kenya to review and assist grantees in strengthening their proposals. The full proposals were submitted in November 2009 and the Alliance intends to select between four to six proposals for funding.
Reader on Health Policy and Systems Research Methods

In 2009, the Alliance followed up on an important discussion that took place at the “From Mexico to Mali” stock-taking meeting prior to 2008’s Bamako Ministerial Forum on the need for more work on methodological development. Acting on the stock-taking meeting’s observation of the limited number of systematic reviews conducted in HPSR, the Alliance initiated work on a Reader on Health Policy and Systems Research Methods. The intention is to pull together a collection of seminal papers with related commentary that can be used for teaching purposes – and more broadly, to support HPSR. The Reader will discuss applications of different research methods in the field and describe the relationship between other forms of research such as operational and implementation research.

Strengthening capacities of training institutes

The Alliance launched a Young Researcher Grant Programme in 2004. The overall purpose of this Grant programme was to pilot a strategy to develop institutional capacity for the generation, dissemination and use of knowledge among researchers, policy-makers and stakeholders. In 2009, the Young Researcher Grant Programme entered its final round of the Second Phase (Round 2/ Phase 2). Among the 2009 grantees, three successful institutions have been granted US$ 25,000 each to strengthen capacity building in research methods and teaching programmes (See Table 3).
### Table 3: Successful grantees for Rounds 1 and 2 – Research capacity development

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Phase II</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>X</td>
<td>Centro de Estudios de Estado y Sociedad</td>
</tr>
<tr>
<td>Ecuador</td>
<td>X</td>
<td>Instituto de Salud Pública, Pontificia Universidad Católica del Ecuador</td>
</tr>
<tr>
<td>Ghana</td>
<td>X</td>
<td>School of Public Health, College of Health Sciences, University of Ghana</td>
</tr>
<tr>
<td>Indonesia</td>
<td>X</td>
<td>Hospital Management Postgraduate Programme, Faculty of Medicine, Gadjah Mada University</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>X</td>
<td>Kazakhstan School of Public Health</td>
</tr>
<tr>
<td>Nigeria</td>
<td>X</td>
<td>College of Medicine, University of Nigeria, Enugu Campus</td>
</tr>
<tr>
<td>Peru</td>
<td>X</td>
<td>School of Public Health, Universidad Peruana Cayetano Heredia</td>
</tr>
<tr>
<td>South Africa</td>
<td>X</td>
<td>Health Economics Unit, University of Cape Town</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>X</td>
<td>Department of Public Health and Health Management, Tashkent Medical Academy</td>
</tr>
<tr>
<td>Vietnam</td>
<td>X</td>
<td>Hanoi School of Public Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Round 2 (2008-2010)</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Phase II</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>X</td>
<td>Jimma University</td>
</tr>
<tr>
<td>Lithuania</td>
<td>X</td>
<td>Kaunas University of Medicine</td>
</tr>
<tr>
<td>Mongolia</td>
<td>X</td>
<td>Health Sciences university of Mongolia</td>
</tr>
<tr>
<td>Rwanda</td>
<td>X</td>
<td>National University of Rwanda</td>
</tr>
<tr>
<td>Uganda</td>
<td>X</td>
<td>Uganda Martyrs University</td>
</tr>
<tr>
<td>Vietnam</td>
<td>X</td>
<td>Hanoi Medical University</td>
</tr>
</tbody>
</table>
Strengthening capacities of researchers

During 2009, the Alliance convened five training workshops. Most were held primarily for researchers, though policy-makers were strongly encouraged to – and did – attend. Several of these workshops were organized at the beginning of grant programmes studies, however in some situations workshops were organized to analyse data or building capacity in developing policy briefs. The Alliance also participated in three international meetings involving both researchers and users of evidence. Details are provided in Table 4.

Table 4: Capacity Building – Meetings and Workshops during 2009

<table>
<thead>
<tr>
<th>When?</th>
<th>What?</th>
<th>Where?</th>
<th>Target audience</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Young Researcher Grants Programme</td>
<td>Manila, Philippines</td>
<td>Researchers</td>
<td>The meeting was to improve the capacity of training institutions in health policy and systems research in the Asia Pacific region.</td>
</tr>
<tr>
<td>February</td>
<td>Evidence-Informed Policy Network (EVIPNet)</td>
<td>Kuala Lumpur, Malaysia</td>
<td>Researchers and policy-makers</td>
<td>Workshop for EVIPNet Asia teams on developing policy briefs with a special focus on primary health care. The meeting was designed to improve capacity for the development of policy briefs and in the use of evidence for health systems decision-making.</td>
</tr>
<tr>
<td>March</td>
<td>African Health Economics and Policy Association (AfHEA)</td>
<td>Accra, Ghana</td>
<td>Users of evidence</td>
<td>Inaugural meeting. Four of the winners of the AfHEA-Alliance student-paper competition presented their work on user fee schemes. Discussions also took place regarding how the Alliance might better support AfHEA and its members.</td>
</tr>
<tr>
<td>When?</td>
<td>What?</td>
<td>Where?</td>
<td>Target audience</td>
<td>Comments</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>May</td>
<td>The Campbell Colloquium</td>
<td>Oslo, Norway</td>
<td>Researchers</td>
<td>Colloquium on the promotion of systematic reviews of research evidence on the effectiveness of social interventions and the methodology involved. Two Alliance-funded Centres for Systematic Reviews attended the Colloquium.</td>
</tr>
<tr>
<td>September</td>
<td>Wellcome Trust Collaboration Workshop</td>
<td>Nairobi, Kenya</td>
<td>Users of evidence</td>
<td>Enhancing policy-makers capacity to use evidence. The aim of the meeting was to develop and evaluate innovative approaches to enhance policy-makers capacity to use evidence in the policy process. Small start-up grants were awarded to nine teams.</td>
</tr>
<tr>
<td>December</td>
<td>EVIPNet Workshop</td>
<td>Beijing, China</td>
<td>Researchers/ Users of evidence</td>
<td>Workshop on peer-review of policy briefs of EVIPNet Asia teams.</td>
</tr>
</tbody>
</table>
Support to the African Health Economics and Policy Association

The African Health Economics and Policy Association (AfHEA) held its inaugural meeting in Accra, Ghana, from 10 to 12 March 2009. As co-sponsor, the Alliance funded, and helped to organize, a student-paper competition on user fees. Four of the winners of this competition were sponsored to attend the meeting, and presented their work on 11th March, 2009.

At the AfHEA meeting, a small breakfast for approximately 20 partners was also hosted by the Alliance, where participants discussed how the Alliance might better support AfHEA and its members. Among other things, participants urged the Alliance to: continue its support for the development of HPSR training materials and curricula through the Young Researchers programme; extend its reach in French-speaking West Africa; support in-country networking between researchers and policy-makers; and facilitate capacity-building for grant writing and submission.

Finally, the Alliance sponsored a one-day pre-conference workshop at which the AfHEA Secretariat and external advisors discussed the future direction and plans for AfHEA.

Challenges

This year the Alliance coordinated several activities to build capacity for HPSR at various levels. Though modest, we are satisfied with progress made this year and intend to engage in more activities in the coming years upon critically appraising our achievements and experiences in the upcoming retreat of Board and STAC members in 2010.
Management and Governance of the Alliance in 2009

The Alliance Board, STAC and Secretariat

The Alliance is governed by a Board and advised by a scientific and technical advisory committee (STAC). The past year saw two significant developments in the management and governance of the Alliance. At the end of 2009, Professor Anne Mills stepped down as Chair of the Alliance Board and was replaced by Dr John-Arne Rottingen. Dr Lindiwe Makubalo, the ad-interim Executive Director also stepped down at the end of the year and the appointed Executive Director, Dr Abdul Ghaffar, took office in January 2010.

The Board continues to function in an effective manner, providing strategic guidance and oversight of the Alliance. The Alliance STAC continues to be very active and involved in the various aspects of the Alliance activities. It provided timely comments on various Alliance strategies and has served as reviewers and members of adjudication committees on several Calls for Proposals.

In 2009 new STAC members were brought into the Alliance STAC to replace the members who had rotated off at the end of 2008. These were important appointments, particularly as they brought in more members coming from a policy – as opposed to a largely research – background. For details on the STAC, see Annex 4.

In their last meeting in October 2009, the Board felt that the time was right for a detailed strategic reflection on the Alliance’s activities and achievements during the past few years, to provide strategic direction for the coming biennium and beyond. An external review of the Alliance and its activities was commissioned in 2009. The findings of the review are expected in the first half of 2010 and will be instrumental in shaping discussions during a strategic retreat in April 2010.
Moving Forward

The Alliance must continue positioning itself as an innovator, an intellectual leader and a willing partner of funders, researchers and national policy-makers. Above all, the primary focus of the Alliance – the generation of new HPSR knowledge, strengthening capacity of researchers and research-users, and helping countries identify, assess and apply evidence to strengthen their health systems – must be conveyed clearly and sharply to national policy-makers and other actors. Greater emphasis must be placed on engaging policy-makers, and developing their capacities to interact with, demand and use research evidence.

The Alliance needs to assess the role and contribution of its network of partners and make necessary adjustments to fully benefit from these relationships. Such an understanding would help improve the effectiveness of its core functions, especially for advocacy and in capacity development at the regional level. Whatever the strategies ultimately selected, the Alliance needs to continue investing in partnerships to increase the coverage and scope of its work, minimize duplication of efforts, and benefit from the experience and contacts of others.

The Alliance is a recognized global player in HPSR but, given limited capacity and funding, has not had extensive exposure and relationships with country-level decision-makers. The grant provided by the Government of Norway for implementation research, in which the Alliance will collaborate with other partners, will provide an excellent opportunity to work more closely with country-level decision-makers.
Annex 1

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 (2009b). The Alliance for Health Policy and Systems Research – Newsletter n°17, May 2009*

Alliance HPSR (2009c). The Alliance for Health Policy and Systems Research – Newsletter n°18, November 2009*


Ranson MK et al. (2009). Establishing health system financing research priorities in developing countries using a participatory methodology. Social Science and Medicine.


Grantee reports


## Annex 2

**Top ten publication downloads in 2009**

<table>
<thead>
<tr>
<th>Top 10 Downloads</th>
<th>Number downloads</th>
<th>% total downloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Annual Report 2007</td>
<td>7,222</td>
<td>4.0%</td>
</tr>
<tr>
<td>2  Sound Choices: Alliance Flagship Report 2007</td>
<td>4,336</td>
<td>2.4%</td>
</tr>
<tr>
<td>3  Call for proposals: Assessing efforts towards universal financial risk protection in low- and middle-income countries</td>
<td>4,008</td>
<td>2.2%</td>
</tr>
<tr>
<td>4  First Global Symposium on Health Systems Research Brochure</td>
<td>3,806</td>
<td>2.1%</td>
</tr>
<tr>
<td>5  Strengthening health systems: The role and promise of health systems research. Alliance Flagship Report 2004</td>
<td>3,623</td>
<td>2.0%</td>
</tr>
<tr>
<td>6  The new public/private mix in health: exploring the changing landscape</td>
<td>3,538</td>
<td>2.0%</td>
</tr>
<tr>
<td>7  Database of ongoing health systems research studies</td>
<td>3,514</td>
<td>2.0%</td>
</tr>
<tr>
<td>8  Joint call for proposals – Wellcome Trust and Alliance HPSR: Enhancing capacity to apply research evidence in policy-making</td>
<td>3,264</td>
<td>1.8%</td>
</tr>
<tr>
<td>9  Responding to requests for information on health systems from policy-makers in Asia (TR Healy)</td>
<td>3,035</td>
<td>1.7%</td>
</tr>
<tr>
<td>10 Real Health News Magazine Issue N°10</td>
<td>3,007</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
## Financial Management Report Summary 2009

(all figures in US$)  
1 Jan 2009 - 31 Dec 2009

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions DFID</td>
<td>1,831,776</td>
</tr>
<tr>
<td>Contributions SIDA/SAREC</td>
<td>879,397</td>
</tr>
<tr>
<td>Contributions Norway</td>
<td>3,398,927</td>
</tr>
<tr>
<td>Contributions Rockefeller Foundation</td>
<td>149,100</td>
</tr>
</tbody>
</table>

**TOTAL Income**  
6,259,200

PSC (programme supports cost deducted at source as lump sum)  
720,085

**Total Net Income**  
5,539,115

<table>
<thead>
<tr>
<th>Expenditure (incl. encumbrance)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Core Functions</td>
<td>1,103,827</td>
</tr>
<tr>
<td>B Board and Administration</td>
<td>363,435</td>
</tr>
<tr>
<td>C Knowledge Generation and Synthesis</td>
<td>706,733</td>
</tr>
<tr>
<td>D Dissemination &amp; Use of Knowledge</td>
<td>1,151,735</td>
</tr>
<tr>
<td>E Capacity Development</td>
<td>1,007,679</td>
</tr>
</tbody>
</table>

**TOTAL Expenditure (activity & staff)**  
4,333,409

**Excess Net Income over Expenditure**  
1,205,706
Acknowledging those who have supported the Alliance during 2009

Funding agencies

The Alliance gratefully acknowledges the financial support of the Australian Government Agency (AusAID), the Government of Norway (Norwegian Government Agency for Development Cooperation, NORAD), the Rockefeller Foundation, the Swedish International Development Cooperation Agency (Sida/SAREC), the UK Department for International Development (DFID), and the Wellcome Trust.

The Alliance Board

Dr Jonathan Broomberg, Dr Somsak Chunharas, Dr Carissa Etienne, Professor Stephen Matlin, Professor Anne Mills (Chair), Dr Sania Nishtar, Dr John-Arne Røttingen, Dr Sameen Siddiqi, Mr Saul Walker

The Alliance Scientific and Technical Advisory Committee

Dr Irene Agyepong (Chair), Dr Lucy Gilson, Dr Sennen Hounton, Dr Soonman Kwon, Professor John Lavis, Dr Prasanta Mahapatra, Professor Göran Tomson

Collaborating institutions and individuals

The Alliance would like to thank its many partner institutions and grantees. During 2009, a number of institutions provided significant support to our programme of work. Among them, we would like to thank the Wellcome Trust for sponsoring a Call with the Alliance on enhancing capacity to apply research evidence in policy-making, and the Global Health Workforce Alliance and the Human Resources for Health Department of WHO for co-sponsoring the Call for Proposals on incentives to attract and retain qualified health workers to under-served areas within low- and middle-income countries.

We would like to thank and convey our appreciation to all those who supported our grantees and the mission of the Alliance; those who provided training; those who participated in workshops; and those who reviewed technical reports and proposals.
## Annex 5

### Alliance HPSR grantees, 2009

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New grants awarded during 2009</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Sponsoring national processes for evidence-informed policy | Generation and dissemination of evidence for policy-making. (2009-2011). (Note: Grants awarded upon a call for proposals) | 5 grants in the range of US$ 125,000 – US$ 190,000 | - CIPPEC, Argentina  
- Zambia Forum for Health Research (ZAMFOHR), Zambia  
- ICDDR,B, Bangladesh  
- Innovative Health Research Group, Ebonyi State University, Nigeria  
- Centre for the Development of Best Practices in Health, Yaounde General Hospital, Cameroon. |
| Enhancing policy-makers capacity  | Development of full proposals for innovative strategies to enhance policy-makers capacity to use evidence and evaluation of such strategies | 3 short “development” grants of US$ 15,000 each | - Curatio International Foundation, Georgia  
- INSP, Mexico  
- ASSALUD, Colombia |
| Capacity development              | Innovative strategies to enhance capacity to apply health policy and systems research evidence in policy making | 1 grant of US$ 140,502              | - Curatio International Foundation, Georgia                              |
| Methodology development           | Methodological development: cross-country qualitative research techniques, syntheses of policy analysis studies and literature search in different languages | 3 grants ranging from US$ 40,000 to US$ 185,000 | - University of Cape Town, South Africa  
- School of Public Health, Tashkent, Uzbekistan  
- Catholic University of Chile |
<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>Start up grant to develop a full proposal on enhancing capacity to apply research</td>
<td>9 grants of US$ 15,000</td>
<td>Bangladesh, Cameroon, Ghana, India (2), Kenya, Nigeria and Uganda (2)</td>
</tr>
<tr>
<td></td>
<td>evidence in policy-making in low-income countries (with Wellcome Trust)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduction a case study on health policy analysis</td>
<td>6 grants in the range of</td>
<td>Bangladesh, Ghana, India, South Africa, Thailand, Uganda</td>
</tr>
<tr>
<td></td>
<td></td>
<td>US$ 6,000 to US$ 10,960</td>
<td></td>
</tr>
</tbody>
</table>

**Grants previously awarded but active during 2009**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge generation</td>
<td>incentives to retain health workers in under-served areas</td>
<td>5 grants in the range of</td>
<td>Ningxia Medical University, China</td>
</tr>
<tr>
<td></td>
<td></td>
<td>US$ 50,000-200,000</td>
<td>Institut national de sante publique et communautaire, Madagascar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public Health Foundation of India</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Universidad Peruana Cayetano Heredia, Peru</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>American University of Beirut, Lebanon</td>
</tr>
<tr>
<td>Knowledge generation</td>
<td>Trends in health worker salaries (issued jointly with the Global Health Workforce</td>
<td>3 grants ranging from</td>
<td>Institut de recherche en sciences de la santé, Burkina Faso (also</td>
</tr>
<tr>
<td></td>
<td>Alliance)</td>
<td>US$ 50,000 to US$ 66,000</td>
<td>covering Benin and Niger)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kenya Medical Research Institute, Kenya (also covering Tanzania and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Uganda)</td>
</tr>
<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>
<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</td>
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<td>Masena University, Kenya</td>
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<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</td>
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<td>Curatio International Foundation, Georgia</td>
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<td>College of Medicine, Malawi</td>
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<td>Cayetano Heredia University School of Public Health, Peru</td>
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<td>School of Public Health and Social Sciences, Muhimbili University College of Health Sciences, Tanzania</td>
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<td>Institute of Public Health, Makerere University, Uganda</td>
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<td>Systematic reviews</td>
<td>Centres for Systematic Review of Health Policy and Systems Research: three grants for thematic centres and one for a methodology centre</td>
<td>4 grants of US$ 300,000 each over 3 years</td>
<td>ICDDR,B, Bangladesh (non-state sector)</td>
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<td>Shandong University, China (financing)</td>
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<td>Makerere Institute of Public Health, Uganda (health workforce)</td>
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<td>Catholic University of Chile, Chile (methodology centre)</td>
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<tr>
<td>Sponsoring national processes</td>
<td>Country grants for evidence-informed-policy work (2007-2010)</td>
<td>3 grants ranging from US$ 30,000 (start-up grant) to US$ 200,000</td>
<td>Regional East African Community Health Initiative (REACH) (Kenya, Tanzania, Uganda)</td>
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<td>for evidence-informed policy</td>
<td>(Note: these were not awarded through a competitive call)</td>
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<td>Ministry of Health, Viet Nam</td>
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<td>Health Policy Analysis Unit, Kyrgyzstan</td>
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<tr>
<td>Capacity development</td>
<td>“Young Researcher” grants (round 2): support to post-graduate courses in health policy and systems research</td>
<td>3 grants of US $25,000 each</td>
<td>Jimma University, Ethiopia</td>
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<td>Health Science Institute of Mongolia, Mongolia</td>
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<td>Rwanda School of Public Health, Rwanda</td>
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</table>
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.

Alliance for Health Policy and Systems Research

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

Fax: +41 22 791 41 69
E-mail: alliance-hpsr@who.int
Alliance HPSR Website: http://www.who.int/alliance-hpsr