Riding a Wave of Change

Alliance for Health Policy and Systems Research: Annual Report 2007
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2007 has been a year of unprecedented change in the field of global health. As Dr Margaret Chan, Director General of WHO has said, global health “has never before received such attention or enjoyed such wealth.” At the global level, 2007 heralded at least three major new initiatives, including the International Health Partnership, the Canadian Catalytic Initiative and the Norwegian MDG 4 and 5 initiative. These initiatives are designed to generate greater efforts in the health sector, increase the external resources available for health in poor countries, and enhance coordination and alignment. At the country level, policy-makers in different contexts have confronted a range of challenges, including rapidly evolving disease profiles (and in particular the rise of noncommunicable diseases), weak health systems, the country-level effects of a complex global health architecture and fiscal constraints.
The need to strengthen health systems has emerged during the past year as a clear priority. And, as the excerpt from the WHO Director General’s speech above alludes to, there is increasing recognition that better knowledge about health systems is required to make sure that increased investment in health systems strengthening constitutes a sound investment. However, recognition of the relatively flimsy evidence base on which health systems strengthening efforts rest needs further reinforcement. As always, when there is a sense of urgency and much that needs to be done, there is a danger of rushing ahead without stopping to question how secure the path is. While a lack of evidence cannot hold up much-needed reforms and new policy initiatives, the history of development assistance for health is strewn with too many errors and misguided advice. The research community has a responsibility to articulate clearly what is known, where uncertainties exist and what can be done to address them.

There is also a danger of terms like “health system strengthening” becoming simply a label to apply to a diverse range of different strategies, without a real understanding of what is entailed. Similarly, clarity is still lacking about the nature and scope of health policy and systems research (HPSR). During the past year, the Alliance HPSR has been working to demystify HPSR and to articulate clearly the need for further investment in this field. The remarkable challenges faced in effectively scaling up health services require a coordinated approach: the Alliance has been seeking to generate greater consensus about what kind of research investment is needed, and to ensure that such investments benefit the researchers, policy-makers and ultimately citizens of low- and middle-income countries. Most of this work will come to fruition in 2008 but notable achievements during 2007 include:
the launch of four centres for systematic review of HPSR;

the early findings emerging from the Alliance grants for work on the health system effects of global health initiatives;

the initiation of programmes in different contexts that seek to promote the use of research evidence in policy and the prospective evaluation of these initiatives;

the launch of the latest Biennial Review, “Sound Choices”, which addresses the issue of capacity development for HPSR.

This report describes in more detail these and other achievements, and also discusses the challenges faced by the Alliance.

The title of this report, “Riding a Wave of Change”, refers not only to the flood of changes in development assistance for global health but also to the evolving discussions about the nature of funding for research in the field. The Alliance Biennial Review highlights, among other things, how fragmented research funding undermines research capacity in developing countries. The ongoing development of a WHO research strategy, as well as the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, both hold promise for the emergence of a more rational approach to funding both developing country health research and, particularly, capacity development for that research. While it is difficult to predict how this debate will evolve, the Alliance has a continuing role to play in terms of presenting high-quality analysis of the issues around HPSR, raising the profile of and catalysing greater action on HPSR, and promoting the use of evidence in policy-making.
The Alliance is truly an alliance – its work this year could not have been completed without the significant input of many people. Annex 1 provides a full list of all those who participated in and contributed to our work in 2007. But I would like to take this opportunity to express my gratitude to everyone who supported the aims and work of the Alliance during 2007 and urge you all to continue to vigorously pursue these objectives during 2008. The contribution of evidence to strengthening health systems throughout the world and thus improving the lives of the poor is a goal worth fighting for.

Sara Bennett
Manager
Greater knowledge is needed about how to address health system constraints…

Health system strengthening is impeded by the lack of knowledge about which strategies are effective and under what conditions, as well as problems in packaging and transferring existing knowledge to make it more readily useable by policy-makers. Low capacity in many developing countries underlies both of these constraints.

A recent article estimated that 62.5% of child deaths in 42 low-income countries could be averted by improved service utilization, compared with just 21.5% that required improved technologies to be averted. The sad truth is that technologies remain underutilized due to weak health systems. Drug supply systems that fail to get pharmaceuticals and vaccines out to the areas where they are most needed, limited finance, weak planning and management, a lack of skilled personnel, particularly in remote areas, and unreliable information on health needs combine to undermine access to quality services. Funding and political will are needed to address these health system constraints, but so too is knowledge. Numerous reports have underscored the relative neglect of HPSR. Since it developed as an identifiable field, there have been some significant achievements, but much is yet unknown.


For example, a few years ago the health workforce was rarely discussed at the global level as a policy issue. In global health today, partly due to a number of high-profile reports on the topic, the situation has changed completely. Serious consideration is currently being given to a range of policies such as task shifting, supplementing salaries and remuneration, international agreements on migration, and measures to scale up the health workforce that could dramatically change the complexion of relevant policy in low- and middle-income countries. There has been a recent burgeoning of studies on health workforce issues, looking for example at health worker preferences over different dimensions of their job, and strategies to motivate and retain health workers. And new journals have appeared, dedicated to health workforce issues. But this research focus is relatively recent, and many policy questions still have no clear answers: How do we best ensure an appropriate distribution of health workers, including in rural areas? What mechanisms are effective at stemming the brain drain given the large difference in salary


**BOX 1**

What is health policy and systems research?

Health policy and systems research (HPSR) has been defined as the production and application of knowledge to improve how societies organize themselves in order to achieve health goals. It encompasses how societies plan, manage and finance health services as well as investigation of the role and interests of different actors in the health system. HPSR is a topic area, not a discipline, but it draws upon a variety of contributing disciplines, including economics, sociology, anthropology, political science and epidemiology.
expectations between low- and high-income counties? What are the limits to task shifting and the potential pitfalls in its implementation?

The topic of health financing in low- and middle-income countries has enjoyed a much longer history of applied research. Since the 1970s studies have analysed the overall pattern of health-financing flows, alternative approaches to pooling funds to minimize risk for individual households, and the effects of direct payments for health on service utilization and household vulnerability. There are now regular efforts to collect data on health-financing flows in low- and middle-income countries (through national health accounts), well-established methods of analysis, a substantial body of evidence and considerable consensus about what appropriate policy options are on some health-financing issues. Yet with the pressure to scale up health services, and new forms of funding available, much innovation within health systems has focused on strengthening the use of incentives (such as results-based financing, performance-based pay and contracting), and these issues all require further research and evaluation.

Service delivery is another of the health system building blocks in the WHO framework\(^4\) that in many respects has been even more neglected than human resources. While many disease- and service-specific programmes have conducted path-breaking work on particular aspects of health service delivery, we still lack a good conceptual framework for describing the scope and nature of health service delivery issues: What sort of services should be provided at different levels of the health system? What are the main types of service delivery models? How best can services be integrated and tailored to meet users’ needs? There is also a shortage of reliable data on health services as facility

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surveys, unlike household surveys, are typically undertaken on an ad hoc and irregular basis and vary substantially in the issues that they cover. Finally, the private sector plays a huge role in service delivery. But up-to-date and reliable information on private sector service providers is very limited, which in turn constrains our ability to work effectively with this sector.

Decisions on health policies and health systems are typically made at the national or sub-national level, and policy-makers in low- and middle-income countries rarely have the time or inclination to review large amounts of research literature. Consequently, to make the critical link between research evidence and what happens in practice, research must be synthesized and packaged in ways that policy-makers can easily absorb. Further, the local nature of much health policy and systems knowledge underscores the importance of establishing capacity for HPSR within developing country contexts. Domestic research and analytical capacity are essential not only to implement research that addresses policy-makers’ concerns but also to synthesize research findings, assess their relevance to the local context and provide advice as needed.
The Alliance has three main objectives, as reflected in Table 1. For the 2006–2007 biennium, a series of strategies were identified to pursue these objectives. In addition to the strategies listed in the table, the Alliance fulfils a number of core functions, including advocacy, exchange, monitoring the development of the field, and fund-raising. This report presents the work of the Alliance in executing its core functions and across each of its three objectives.

While many organizations are engaged in HPSR, the Alliance, as a multilateral agency, fulfils a rather unique role. Unlike many other bodies, the Alliance is not primarily focused on generating knowledge itself – although it works with many partners that do have this focus. Rather, the Alliance works to help generate consensus around research agendas and provide a neutral convening role; to facilitate cross-country comparative research that enables different partners to work together; and to advocate for the field of HPSR.

During 2006–2007 the Alliance HPSR focused its work on three broad themes: health financing, human resources for health and the role of the non-state sector.
Table 1: Alliance objectives, results and short-term strategies

|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **Objective 1**: Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods | There should be a demonstrated increase in the production and publication of high-quality, high-relevance HPSR and syntheses by researchers from developing countries in peer-reviewed journals | **Strategy 1**: Leveraging resources to fund original empirical HPSR  
**Strategy 2**: Funding synthesis teams and supporting the development of systematic reviews |
| **Objective 2**: Promote the dissemination and use of health policy and systems knowledge in order to improve the performance of health systems | There should be a measurable increase in the use of evidence to inform health policy- and decision-making in developing countries, and by international donors and multilateral agencies, and as a consequence improved policies and improved implementation of policies | **Strategy 3**: Packaging syntheses and making them readily available to health system managers and public policy-makers  
**Strategy 4**: Sponsoring national processes in order to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums |
| **Objective 3**: Facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders | There should be increased capacity in developing countries with respect to all steps in the research generation-to-use cycle, including priority identification, knowledge generation, knowledge synthesis, dissemination and the ability of decision-makers to acquire, assess and apply research | **Strategy 5**: Undertaking a practically oriented review of what key stakeholders would like to see done in capacity development, and where the Alliance’s comparative advantage lies, leading to the production of a new capacity-development strategy |
Achievements

Advocacy

During 2007 the Alliance considerably increased its production of briefing and advocacy materials. Notable products during 2007 include:

- two briefing papers on different aspects of HPSR, “What is health policy and systems research and why does it matter?” and “Building impact evaluation into health programmes and health system strengthening strategies”;
- the launch in July 2007 of a new Alliance HPSR web site that contains up-to-date information on Alliance strategies and activities (www.who.int/alliance.hpsr) (see Box 2);
- a brochure summarizing the objectives and work of the Alliance;
- translation and production of most of these materials into Spanish, French and Chinese.

In addition to these written products, during the course of the year the Alliance made 16 presentations on HPSR to developing country research organizations, research funders, conferences, bilateral and multilateral development agencies, and expert committees (see Annex 2 for a full list).
Since its relaunch in early July 2007, the web site has attracted on average about 300 sessions (visitors) per day and 2500 hits per day. Traffic peaked in July (directly after the announcement of the new site) and in November (subsequent to the launch of the Biennial Review). The most frequently downloaded documents are the two “Briefing notes” and the Biennial Review (with between 3500 and 5000 downloads each).
Exchange

The web site has also provided a platform for promoting exchange between those active in the HPSR field. In particular, the Alliance has housed on its web page a new database of institutions offering postgraduate training in HPSR in low- and middle-income countries and a database of ongoing HPSR studies. These repositories are kept up-to-date through electronic submissions via the web site. A further opportunity for exchange was a satellite session organized at the conference of the International Health Economics Association (iHEA) in Copenhagen, on the role of the private sector in health care in low- and middle-income countries, which was co-hosted with the Karolinska Institutet and will most likely lead to a separate add-on event at the next iHEA meeting in Beijing.

Monitoring the development of the field

The Alliance HPSR Biennial Review is the flagship publication of the Alliance. It is intended to provide a cutting-edge, action-oriented review of a topical issue within the field of HPSR, as well as monitoring the development of the field. The 2007 Biennial Review “Sound Choices” was launched at the 2007 Global Forum for Health Research and is concerned with developing capacities to prioritize, conduct and apply HPSR to inform policy-making. The full report can be downloaded from the Alliance web site. Box 3 contains selected highlights.
BOX 3

Capacity development for HPSR: How should we think about it, and what do we know?

The Alliance publication “Sound Choices: Enhancing Capacity for Evidence-Informed Health Policy” developed a conceptual framework to guide the work of the review. The conceptual framework proposes four main functions of evidence-informed policy-making, namely (i) research priority setting, (ii) knowledge generation and dissemination, (iii) filtering and amplification of evidence, and (iv) policy-making. The function of filtering and amplifying knowledge is an increasingly important reality in the policy process as ever more civil society organizations draw on health systems research to inform their arguments.

The review makes clear that previous capacity-development initiatives have focused largely on producing evidence rather than on capacity to use evidence in policy processes; this latter dimension requires far greater consideration. Further, to date only limited evaluation of capacity-development strategies has been carried out, and greater investment is needed in assessing whether the strategies employed are effective. Countries need to analyse and understand the current status of national health policy-making systems and their use of evidence so they can develop strategies to strengthen capacity. During 2008 the Alliance will convert the conceptual framework developed in the report into a self-assessment tool that can be used by country stakeholders to assess capacity.
Fund-raising

During 2007 the Alliance Board committed itself to an intensified period of fund-raising in the lead-up to the Global Ministerial Forum on Research for Health in Bamako, Mali, in 2008 and approved a new fund-raising strategy. A breakfast meeting with interested partners was held in Beijing at the Global Forum for Health Research meeting, and proposals for funding were submitted to the Rockefeller Foundation, the Bill & Melinda Gates Foundation, and the Development Grant Facility at the World Bank.

Challenges

The Alliance has developed indicators to monitor its own performance; however, work on indicators to monitor HPSR in general has been delayed until 2008. The Alliance intends to devise metrics that can be used over time to track the progress of the HPSR field.
Achievements: Leveraging resources

Identifying priority research questions

Building on the work of the Task Force on Health Systems Research, the Alliance has been pursuing work to identify priority research questions within its three thematic areas of health financing, health workforce, and the role of the non-state or private sector. In early 2007 four grants were awarded to teams in Chile, Indonesia, Uganda, and the Lebanon and their partners within the region, to undertake regional assessments of priority research questions within the Alliance’s three thematic areas. This work has entailed reviewing existing policy statements, conducting in-depth interviews with key informants and reviewing existing research priority-setting exercises at the country level. Drafts of these reports were available by the end of 2007, and the Alliance is now in the process of producing three reports – one on each thematic area – that combine the findings from the regional studies with overviews of existing research in the field to identify priority research questions. These reports will be presented and discussed at workshops during the first half of 2008, leading to a series of final products that will include both briefing notes and academic articles.

SUMMARY

Under this objective the Alliance has pursued two different strategies:

- Strategy 1: Leveraging resources to fund original empirical HPSR;
- Strategy 2: Funding synthesis teams and supporting the development of systematic reviews.

In addition, the Alliance has continued to support ongoing grants for primary research.

5 See Annex 2 for a full list of Alliance HPSR grants active during 2007.
Engaging funders of health systems strengthening

During 2007 several new initiatives were launched that have a strong focus on health systems. The Alliance has tried, along with other actors, to influence the direction of these efforts, and in particular to ensure that appropriate strategies for operational research and evaluation are developed and implemented alongside the initiatives. To this end the Alliance HPSR has actively contributed to the thinking of the GAVI Alliance Health Systems Strengthening Task Team and also engaged in discussions on evaluation of the International Health Partnership (IHP) initiative. Briefing note 2, on “Health system strengthening interventions: making the case for impact evaluation”, has also been widely disseminated to stakeholders in these initiatives.

Opportunity Fund

The Alliance operates a small Opportunity Fund that enables it to respond to particularly interesting proposals. To be eligible for funding under the Opportunity Fund, proposals must support the mission and objectives of the Alliance, represent innovative and exciting thinking, and have the potential to trigger additional resources from other funders. During 2007 the Alliance used this pot of money to support two initiatives.

Under the first it has supported two case studies, in Peru and Kenya, that examine the processes involved in implementing public health programmes designed to address the social determinants of health. This work has been undertaken in conjunction with the Commission on the Social Determinants of Health. Second, the Alliance has provided a small grant to the newly formed
African Health Economics and Policy Association (AfHEA) to conduct an essay competition for the African region on user fees. This grant is designed to stimulate greater evidence-informed debate about user fees, promote the articulation of African views on this issue, as well as support the early stages of development of AfHEA.

**Achievements: Systematic reviews**

**Establishing centres for systematic reviews of HPSR**

In early 2007 the Alliance HPSR awarded four 3-year grants aimed at developing centres for systematic reviews of HPSR in low- and middle-income countries (see Box 4). Three of the centres are focusing on the Alliance HPSR’s main thematic areas (one on health financing, one for human resources for health and one for the role of the non-state sector). The fourth centre is tasked with further developing methodologies for systematic reviews of HPSR. During 2007 the Alliance, through its three collaborating partners – the Oslo Satellite of the Cochrane Effective Practice and Organization of Care (EPOC) Group, the EPPI Centre, Institute of Education, London, and the Effective Health Care Research Programme Consortium, Liverpool School of Tropical Medicine, Liverpool – has been providing intensive support to these four centres. A start-up workshop to provide training in systematic reviewing was conducted in Geneva in April, a training workshop on search strategies was held in Oslo in July, hosted by the Norwegian Knowledge Centre for the Health Services, and a further workshop to provide additional support and discuss strategy was held at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) in November.
The systematic review teams have particularly grappled with the issue of how best to employ systematic approaches to reviewing evidence for questions that do not concern the effectiveness of alternative policies and interventions. This issue has been particularly important given the scarcity of studies undertaken in low- and middle-income countries which meet the criteria typically set for inclusion in Cochrane reviews.
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<td>Dr Tomas Pantoja and colleagues, Escuela de Medicina, Pontificia</td>
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<td>What are effective strategies to increase health insurance coverage, particularly</td>
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Achievements: Research studies

The impact of global HIV/AIDS initiatives

The Alliance continued to support studies in China, Georgia, Malawi, Peru, Tanzania, and Uganda that aim to assess the impact of global health initiatives, particularly the major HIV/AIDS initiatives such as the Global Fund and the President’s Emergency Plan for AIDS Relief (PEPFAR), on health systems. The researchers in the six countries supported by the Alliance have formally been incorporated into the Global HIV/AIDS Initiatives Network (GHIN⁶), which links researchers sharing a common interest in this policy question. GHIN is coordinated by teams based in the Royal College of Surgeons, Ireland, and the London School of Hygiene and Tropical Medicine, UK. Linking up with a larger network of researchers has helped both to assure the quality of studies through exchange between partners and amplify the impact of study findings on global-level policy and decision-makers. In November 2007 a meeting in Dublin, Ireland, was convened to discuss emerging results between researchers and present key issues to stakeholders, including representatives from the major HIV/AIDS initiatives studied and other bilateral and multilateral organizations. Box 5 presents key issues emerging from the discussion.

http://www.ghin.org
Multiple studies have examined the effectiveness of coordination efforts at the national, province and district level. While some countries report successes in improving coordination, it still remains a serious obstacle to more effective HIV/AIDS programmes.

Evidence from a small number of countries suggests that scale-up of HIV/AIDS services is happening, and that it has, to date, had no impact (either positive or negative) on the quantity of other types of health services delivered.

Expansion of services appears to have been achieved by health workers working harder and longer hours, rather than through the addition of more staff. But it is unclear what the scope for further enhanced productivity might be.

Two emerging concerns were expressed over sustainability and the balance between treatment, prevention, and care and support programmes. Even where governments have maintained their HIV/AIDS spending, many countries are now extremely reliant on donor funding for the continuation of their HIV/AIDS programmes, and plans for financial sustainability are not developed. In some countries it appears that efforts to roll out anti-retroviral therapy may be at the expense of sustaining and developing preventive programmes.

All of the country presentations, along with other information about the network are available on the web site: www.ghinet.org
New research on health worker salaries

The Global Health Workforce Alliance is trying to drive improvement in the health workforce situation, especially in countries facing the most severe health worker crisis. The difficulty of making policy decisions in this field is often exacerbated by limited evidence; this is particularly the case with respect to salaries, for which data are often incomplete and unreliable. In 2007 the Alliance, in collaboration with the Global Health Workforce Alliance, launched and adjudicated a call for proposals for primary research on health worker salaries. Three grants were awarded to research organizations based in Kenya, Burkina Faso and Chile. Each of these teams is working in several countries within their region using local collaborators. Findings from the country studies should be available in time for presentation at the Global Health Workforce Forum in Kampala in March 2008.

Challenges

While during 2007, the Alliance invested considerable energies in interacting with those making health system investments in order to promote appropriate research and evaluation as part of this investment, much more could be done in this area. Many agencies continue to strongly support innovative approaches to health systems strengthening without ensuring that appropriate evaluative research is also funded. The Alliance is keen to pursue strategies which enable those working on health systems strengthening proposals to build in evaluative elements. Unfortunately, staff constraints within the secretariat, as well as funding constraints, have inhibited the full development of this line of activity.
Supporting national processes

During 2007 the Alliance HPSR awarded grants to Viet Nam, Kyrgyzstan and the Regional East African Community Health (REACH) policy initiative (encompassing Kenya, Tanzania and Uganda) to support national processes for evidence-informed policy-making. The grants to Viet Nam and Kyrgyzstan are intended to support a variety of locally determined activities that include for example developing policy briefs, hosting of closed-harbour fora to discuss the implications of research evidence for policy, developing databases of in-country researchers and the areas that they are working on, and establishing web-based knowledge translation platforms. The grant to REACH is smaller and is targeted at identifying specific health policy and systems issues that REACH will work on in the future. Implementation of these strategies to promote evidence-informed policy was initiated late in 2007.

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

- Strategy 3: Packaging syntheses and making them readily available to health system managers and public policy-makers;
- Strategy 4: Sponsoring national processes to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums.
Evaluating processes to promote evidence-informed policy

The Alliance is particularly interested in conducting prospective evaluations to determine which types of approaches are most effective in supporting the use of evidence in policy making. Each of the grant awards made by the Alliance to support national processes for evidence-informed policy-making includes dedicated resources for prospective evaluation of the evidence-informed policy processes being implemented. Professor John Lavis and colleagues at McMaster University have developed evaluation approaches and tools that are intended for broader application, specifically to be used by countries participating in the Evidence-Informed Policy Networks (EVIPNet, see below). The Alliance hosted a workshop in Geneva in September 2007 that provided an opportunity for country teams to work with the McMaster group and review the overall evaluation plan, evaluation tools and discuss how best to adapt these to particular country programmes. Evaluation activities are being implemented alongside the knowledge translation activities, and preliminary findings from the evaluative process should be available after the first full year of implementation, in early 2009.

Regional information mechanisms

During 2007 the Alliance awarded a grant to Australia National University and its partners to conduct a feasibility study in selected Asian countries regarding what was referred to as a regional rapid-response mechanism. The original concept was for a means, possibly web-based, through which health policy- and decision-makers could pose questions and receive responses based on the evidence available – similar to the Health Evidence Network run by WHO’s European Office (WHO/EURO). The study was commissioned in partnership
with the WHO Western Pacific Regional Office (WHO/WPRO), and addressed (i) the nature of demand for such a mechanism among policy-makers in the region, (ii) the availability of research institutions that would be interested in supporting it, and (iii) possible models for and funding of the mechanism. A satellite meeting at the Global Forum for Health Research in Beijing discussed the report findings. The study found strong support among both policy-makers and research organizations for a regional process to provide information relevant to strategic policy decisions on health systems, but also pointed out the significant challenges involved in establishing and running an information entity in the Asian region. Greater clarity is needed about the priority functions that a regional entity would undertake, and development strategies should ensure that sustainable partnerships between research organizations are built. The Alliance is, together with WHO/WPRO, using the study report to consult further with stakeholders in the region and then determine how to proceed.

Support to EVIPNet

The Evidence-Informed Health Policy Networks (EVIPNet) was launched by WHO as one strategy to address the World Health Assembly resolution to establish mechanisms to transfer knowledge in support of policy- and decision-making (see Box 6). During 2007 the Alliance supported a meeting of WHO regional focal points and resource group members engaged in EVIPNet with the aim of more clearly defining EVIPNet organizational structures and strategies. The Alliance has also provided a grant to EVIPNet Asia, to help establish a regional secretariat and provide support to regional capacity-building activities, particularly in terms of writing technical briefs. The Alliance Manager currently co-chairs the global steering group of EVIPNet.

7 Healy et al. (2007) Responding to requests for information on health systems from policy-makers in Asian countries. Geneva, Alliance for Health Policy and Systems Research.
Evidence-Informed Policy Networks (EVIPNet)

EVIPNet is an innovative initiative to promote the use of health research in policy-making and practice. Focusing on low- and middle-income countries, EVIPNet operates through stimulating partnerships at the country level between policy-makers, researchers and civil society to facilitate decision-making and policy implementation through the use of the best-quality scientific evidence available globally and locally. EVIPNet takes the form of a series of regionally focused networks that bring together the country-level teams and are loosely coordinated at the global level. EVIPNet activities at the country level are led by local policy-makers and researchers and designed to meet the specific needs of each country. Country activities currently supported under the EVIPNet umbrella include establishing priority-setting mechanisms for policy-relevant research syntheses and primary research; producing research syntheses and policy briefs; and organizing “safe haven” deliberative forums involving policy-makers and researchers, citizens’ groups and the media for context-specific, evidence-informed public health policies.
Summaries of research syntheses

The Methodology Centre for Systematic Reviews of Health Policy and Systems Research has been working with the European Union (EU)-funded SUPPORT project\(^8\) to develop and test a standardized approach for writing summaries of existing systematic reviews. The Methodology Centre has begun to train other systematic review centres in this approach and to refine the first batch of summaries, which should be produced early in 2008. These summaries will be posted on the Alliance web site as well as other web sites, and production of summaries should gather pace in 2008 as other centres also begin producing them.

Challenges

While promoting evidence-informed policy has been a key concern in many high-income countries for several years, limited evidence exists about what is best practice in this area in low- and middle-income countries. Indeed, often in such contexts there is a relatively small group of stakeholders who are conversant with these issues. Given this uncertainty, the Alliance and its partner EVIPNet have sometimes struggled to determine the best approach to adopt: How comprehensive should evidence-informed policy initiatives be? How much can be achieved in contexts where policy-maker buy-in is partial? How can such strategies best be aligned with existing policy-making and development assistance processes? These questions illustrate why the evaluation element of this programme of work is so critical. In addition to the formal country-level evaluations, the Alliance needs to continue to reflect on the effectiveness of the strategies that it is employing and adjust them as needed.

8 http://www.support-collaboration.org
Facilitating the development of capacity for the generation, dissemination and use of HPSR knowledge

SUMMARY

Under this objective the Alliance determined to take a step back from implementation and undertake a practically oriented review of capacity development in order to develop a new approach. Subsequently defined strategies include:

- Strategy 5: Developing policy-maker and civil society organization capacity to identify, assess and apply HPSR evidence to policy;
- Strategy 6: Strengthening HPSR methodologies and their uptake through improved teaching of HPSR.

Achievements

Capacity-development review and strategy

The Alliance used its Biennial Review “Sound Choices” (described above) as a vehicle not only to reflect on the challenges in the field of capacity development for HPSR but also as a means to develop its own strategies in this area. A brief working document was developed and discussed by the Board and the Scientific and Technical Advisory Committee in October 2007. It was agreed that this provided clear short-term direction but that further deliberation was needed to elaborate longer-term strategies in this area.

Continuation of Young Researcher grants

The Young Researcher programme of grants is designed to provide support to the development of HPSR teaching as a component of post-graduate courses in low- and middle-income countries. During 2007 the Alliance HPSR worked with five new grantee institutions in Ethiopia, Lithuania, Mongolia, Rwanda and Uganda, and also successfully completed the second phase of the prior round of these grants. Grants are typically used for curriculum development, enhancing the teaching skills of faculty, promoting greater interaction with health policy-makers in-country and encouraging students to undertake work in the HPSR field through the provision of small grants to support dissertation work. A workshop to bring together all the recipients of Young Researcher grants in sub-Saharan Africa (from both the first and second round of grant
awards) is being organized for early 2008, which will provide an opportunity to further reinforce skills and enable the exchange of experiences. The Alliance also hopes to learn from this meeting about how the programme can be further strengthened.

**Calls for proposals to pursue new strategies**

To coincide with the launch of the Biennial Review, the Alliance also launched three new calls for proposals. One of these calls focused on the further dissemination of the Biennial Review; the other two calls aimed to pursue the new strategies articulated by the Alliance in its capacity-development strategy. The first call sought proposals to implement and evaluate “innovative strategies to enhance capacity to apply health policy and systems research evidence in policy-making” – such as providing stronger incentives for evidence use, or establishing institutional mechanisms that promote exchange between the research and policy worlds. This call closed at the end of December 2007. The second call is focused on methodological development in HPSR and strengthening the teaching of specific HPSR methodologies and will close at the end of January 2008.
Challenges

Capacity development is a difficult area for a small agency such as the Alliance to engage in effectively. The evidence suggests that successful efforts are typically long-term and relatively expensive. Furthermore, multiple global actors are engaged in capacity development for health research, and for many aspects of capacity development it does not make sense to separate out HPSR. Accordingly, the Alliance has been seeking to identify discrete lines of HPSR-focused capacity-development work that it makes sense for it to implement alone, while collaborating with other organizations on cross-cutting aspects.
Managing and governing the Alliance

Achievements

The Alliance Board

The Alliance Board continues to function in an effective manner, providing oversight of, and sound guidance to, the secretariat and meeting on a regular basis. At the last Board meeting the issue of Board member rotation was discussed, and new members from developing country contexts will be invited to join the Board in early 2008.

The Alliance STAC

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

The Alliance partners

At the start of 2007 the Alliance had approximately 350 partner organizations. These partners are predominantly research institutions based in low- and middle-income countries, but ministries of health, nongovernmental organizations (NGOs) and networks are also represented as partners. During the course of 2007, the Alliance received an additional 55 requests for partnership, 22 of which were directly approved, 12 refused, and the remainder asked to provide additional information on their mission and activities.

The Alliance is governed by a Board and advised by a Scientific and Technical Advisory Committee (STAC). Efforts with respect to the organizational development of the Alliance have focused on strengthening its own organizational capacity and developing stronger links with partners in low- and middle-income countries.
While these partner organizations greatly enhance the reach and credibility of the Alliance, the Alliance has struggled to determine how it can best increase interaction with partners. During 2007 the Alliance started featuring partners on its web site, and including news about partners in its newsletter. Where possible, and travel arrangements permit, face-to-face meetings have been organized. Also, as an experiment, one of the calls for proposals issued during 2007 (to disseminate the Biennial Review) was opened only to partners.

**Relations with WHO**

The Alliance Secretariat was previously housed within the Research Policy and Cooperation Department of WHO, but when the old Evidence, Information and Policy cluster was split in early 2007, the Alliance moved to the new Health Systems and Services (HSS) cluster, reporting directly to the Assistant Director General responsible for the cluster. All the key health systems departments are now housed within this cluster, making the Alliance perfectly positioned to complement the norms and standards, and policy advice work of the departments through research work. Several of the strands of work described above are being implemented through collaborations with the relevant WHO department.
Alliance terms of reference

The constitution of the Alliance is currently described through a set of terms of reference agreed with WHO. Near the end of 2007 the Alliance began to renegotiate these terms of reference with WHO, converting them into a Memorandum of Understanding (MOU), and updating them to reflect both the evolving role of the Alliance and newly established best practice within WHO in terms of the operation of alliances. This process should be completed during early 2008.

Staffing of the Alliance secretariat

The Alliance started 2007 with a small secretariat of just three persons. During 2007 this increased to six people, and a further senior technical position will be filled in early 2008. Thus while the secretariat size is still small, there has been rapid growth, and accordingly enhanced capacity. Given the current budget, the secretariat does not intend to grow any further; but believes this nucleus of staff should be sufficient, along with consultants, to manage the existing programme of work.
Challenges

First, establishing stronger relations with partner organizations in low- and middle-income countries remains a priority for the Alliance. While some progress has been made with respect to this goal, much more needs to be achieved. In revising its MOU the Alliance intends to provide representation for partner organizations on its Board. The Alliance also plans to require older partner organizations to reconfirm their commitment to participating in Alliance activities.

Second, as the Alliance has increased its size and the scale of its operations, it has recognized that for many functions that were previously managed on a rather informal basis, more structured management systems are required. These include for example standardized processes for reporting to donors, managing contracts, managing the contact database and so on. Significant investment in these areas will be made during 2008.
Navigating the path ahead

The Mexico Summit on Health Research, and subsequent World Health Assembly resolution called for “a programme in health systems research geared to accelerating achievement of internationally agreed development goals including the Millennium Development Goals”. During 2007 the Alliance has taken critical steps to expand and strengthen its activities to ultimately transform itself into such a programme.

While many positive signs indicate that the Alliance HPSR is on the right track, it should be borne in mind that there have been many previous initiatives and commitments towards promoting HPSR which have failed to deliver to the extent originally anticipated. Further, as the title of this report suggests, this is a time of considerable turmoil in the field of global health, and in particular health systems and health research. This change creates both considerable risks and opportunities during the coming year.

Opportunities

Processes such as the Intergovernmental Working Group on Public Health Innovation and Intellectual Property, and the WHO Research Strategy, could lead to:

- a clearer focus on the importance of health research and the contribution it can make to development processes;
- enhanced coordination among global research funders and organizations, and consequently improvements in access to research funding among developing country researchers;
- continuing support for a stronger focus on operational and applied research, including HPSR.
Similarly, the process of harmonizing and aligning development assistance efforts in the health sector, through the International Health Partnership and similar initiatives, may also benefit the Alliance and its goals by generating greater consensus among global players regarding priority needs for research and keeping a strong spotlight on health systems.

**Risks**

So what are the external risks in moving forward? First, there is an issue of attention span and how long the international community will continue to retain a strong focus on HPSR. The field of international development is characterized by multiple, competing demands, and sometimes the global community will move on to a new commitment without first ensuring that its previous commitments have been honoured. Second, there is a danger that the current need for evidence for health systems strengthening will be addressed primarily through agreements with institutions in the North that have the capacity to provide relatively rapid analytical work. While Northern institutions clearly have a role to play in supplying evidence on health systems and health systems strengthening, it would be a missed opportunity if the current focus does not translate into concerted and sustained efforts to develop serious research and evaluation capacities in low- and middle-income countries. After all, given that most health policy decisions are made at the country level and so much health systems research is rather context-specific, developing local analytical capacity is critical to building health systems that can adapt and respond to new challenges over time. There are also internal risks. The Alliance needs to ensure that its grantees deliver high-quality results,
that greater engagement with policy-makers occurs, and that the Alliance itself maintains its innovativeness and ability to take risks.

**Conclusions**

In a period of great flux, it is essential for the Alliance to stay focused and to deliver on the strategies that it is currently promoting. With respect to the opportunities and threats identified above:

- During 2008, and beyond, the Alliance needs to maintain sustained efforts to hold governments from both the North and the South to the commitments made in Mexico in 2004.

- The Alliance needs to consolidate its existing networks, building stronger relations with partners, whether they be research organizations, policymakers or funding agencies, and developing a critical mass of organizations engaged in either generating or applying HPSR and committed to the same objectives as the Alliance. Such relationships are important for the voice and legitimacy of the Alliance, as well as to make sure that it accurately reflects the needs of developing country partners.

- The Alliance needs to continue to seek out the very best technical advice and support it can access to ensure that its programme of work continues to innovate and deliver high-quality results.

- Finally, the Alliance and its partners need to keep their eyes on the end goal: knowledge to build better health systems, and hence improve the lives of poor people around the world.
Annex 1

Acknowledging those who have supported the Alliance during 2007

Funding agencies

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

The Alliance Board

Professor Fred Binka, Dr Barbro Carlsson, Professor Stephen Matlin, Professor Anne Mills (Chair), Dr Pascoal Mocumbi, Dr John-Arne Rottingen, Dr Sameen Siddiqi

The Alliance Scientific and Technical Advisory Committee

Dr Irene Agyepong, Dr Shanlian Hu, Professor John Lavis, Dr Lindiwe Makubalo (Chair), Dr Ravi Rannan-Eliya, Dr Delia Sanchez, Professor Goran Tomson

Collaborating institutions

The Alliance has many partner institutions and many grantees (as reflected in Annex 3), but during 2007 a number of institutions have provided particularly significant support to our programme of work. We would like to thank:

- the Global HIV/AIDS Initiatives Network and particularly its coordinators based at the Royal College of Surgeons, Ireland, and the London School of Hygiene and Tropical Medicine;
- the Global Forum for Health Research, Switzerland;
- the School of Public Health at Makerere University, Uganda;
- ICDDR, Bangladesh;
the Department of Clinical Epidemiology and Biostatistics, McMaster University, Canada;

the Norwegian Knowledge Centre for the Health Services, Norway;

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

Individuals

Throughout the year, individuals have helped the Alliance through reviewing our proposals, participating in discussions about strategy and technical issues, providing support to grantees and drafting Alliance publications. For 2007 we would particularly like to acknowledge the contributions made by the following people:

Sam Adjei (Ghana Health Service, Ghana); Sarah Barber (WHO, China); Peter Barron (Health Systems Trust, South Africa); Alix Beith (independent consultant, South Africa); Maylene Beltran (Ministry of Health, Philippines); Ruairi Brugha (Royal College of Surgeons, Ireland); Andrew Cassels (WHO, Geneva); Mickey Chopra (MRC, South Africa); Luis Gabriel Cuervo (PAHO, Washington); Manuel Dayrit (WHO, Geneva); Sylvia De Haan (COHRED, Switzerland); Don de Savigny (Swiss Tropical Institute, Switzerland); Kelly Dickson (EPPI Centre, Institute of Education, UK); David Evans (WHO, Geneva); Erica Gadsby (Nuffield Institute, Leeds University, UK); Paul Garner (Liverpool School of Tropical Medicine, UK); Lucy Gilson (University of Witswaterand, South Africa); George Gotsadze (Curatio International Foundation, Georgia); Andrew Green (Nuffield Institute, Leeds University, UK); Maimunah Hamid (Ministry of Health, Malaysia); David Hayward (Global Forum for Health Research, Switzerland); Steven Hoffman (intern, Canada); Jacques Jeugman (ADB, Manila); Nicola Jones (ODI, UK); Tim Martineau (Liverpool School of Tropical Medicine, UK);
David McCoy (University College London, UK); Barbara McPake (Queen Margaret University, UK); Kwadwo Mensah (independent consultant, Ghana); Gustavo Nigenda (National Institute of Public Health, Mexico); Anders Nordstrom (WHO, Geneva); Sandy Oliver (EPPI Centre, Institute of Education, UK); Francis Omaswa (Global Health Workforce Alliance, WHO, Geneva); Andy Oxman (Norwegian Knowledge Centre for the Health Services, Norway); Tikki Pang (WHO, Geneva); Ulysses Panisset (WHO, Geneva); Siriwan Pitayrangsarit (International Health Policy Programme, Thailand); Reijo Salmela (WHO/WPRO, Manila); Joel Schaefer (WHO, Geneva); Helen Schneider (University of Witswaterand, South Africa); Per Strand (University of Cape Town, South Africa); Viroj Tangcharoensathien (International Health Policy Programme, Thailand); Phyllida Travis (WHO, Geneva); Kate Tulenko (World Bank, Washington); Gabriel Upunda (REACH initiative, Tanzania); Marko Vujivic (World Bank, Washington).
# Annex 2

## List of presentations

<table>
<thead>
<tr>
<th>Topic</th>
<th>Audience and location</th>
<th>Presenter and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health policy and systems research and the role of the Alliance HPSR</td>
<td>The World Bank, Washington DC</td>
<td>Sara Bennett, 16 April</td>
</tr>
<tr>
<td>Health policy and systems research and the role of the Alliance HPSR</td>
<td>USAID, Washington DC</td>
<td>Sara Bennett, 17 April</td>
</tr>
<tr>
<td>Systematic reviews of health policy and systems research: Challenges and promise</td>
<td>WHO lunchtime seminar</td>
<td>Andy Oxman, 26 April</td>
</tr>
<tr>
<td>“Plumbers wanted”: the imperative for health policy and systems research</td>
<td>Karolinska Institutet</td>
<td>Sara Bennett, 10 May</td>
</tr>
<tr>
<td>The Alliance for Health Policy and Systems Research: Report to ACHR</td>
<td>WHO Advisory Committee on Health Research</td>
<td>Sara Bennett, 5 June</td>
</tr>
<tr>
<td>Health systems research and its role in delivering better health</td>
<td>WHO lunchtime seminar</td>
<td>Anne Mills, 11 June</td>
</tr>
<tr>
<td>The Alliance for Health Policy and Systems Research – current directions</td>
<td>WHO Global Health Systems Meeting,</td>
<td>Sara Bennett, 26 June</td>
</tr>
<tr>
<td>“Plumbers wanted”: the imperative for health policy and systems research</td>
<td>School of Public Health, Makerere University</td>
<td>Sara Bennett, 7 September</td>
</tr>
<tr>
<td>Addressing challenges in rural health services delivery: Research priorities</td>
<td>Wellcome Trust meeting on rural health challenges and research</td>
<td>Sara Bennett, 25 September</td>
</tr>
<tr>
<td>Topic</td>
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<td>Presenter and date</td>
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<tr>
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<tr>
<td>Evidence-informed policy networks:</td>
<td>WHO lunchtime seminar</td>
<td>John Lavis, 14 September</td>
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<tr>
<td>Learning from innovators at the country level in linking research to action</td>
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<tr>
<td>Evidence-informed policy initiatives</td>
<td>Wellcome Trust, Asian networking meeting</td>
<td>Sara Bennett, 29 October</td>
</tr>
<tr>
<td>Sound Choices: The Alliance Biennial Review</td>
<td>Launch of Biennial Review, Global Forum on Health Research</td>
<td>Andrew Green, and Biennial Review team, 30 October</td>
</tr>
<tr>
<td>Research capacity challenges for generation and synthesis of health policy and systems research in developing countries</td>
<td>Global Forum on Health Research</td>
<td>Andrew Green and Biennial Review team, 1 November</td>
</tr>
<tr>
<td>The effects of Global HIV/AIDS initiatives</td>
<td>Presentation to global stakeholders at GHIN network meeting</td>
<td>Dr Victor Mwapasa (Malawi), Pierre Miege (China), Carlos Caceres (Peru), Natia Rukhadze (Georgia), 23 November</td>
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<tr>
<td>“Plumbers wanted”: The imperative for health policy and systems research</td>
<td>ICDDR,B</td>
<td>Sara Bennett, 28 November</td>
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<tr>
<td>Evaluating effects on health systems: Lessons from monitoring HIV/AIDS scale-up</td>
<td>WHO, Advisory Committee on Health Monitoring and Statistics</td>
<td>Sara Bennett, 11 December</td>
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</table>
## Annex 3

### Alliance HPSR grantees, 2007

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grants awarded during 2007</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Leveraging resources | Identification of priority research questions within three thematic areas (HRH, financing, non-state sector) | 4 grants to regional groupings ranging from US$40,000 to US$70,000 | ■ Middle East and North Africa Health Policy Forum  
■ Bitran and Associates, Chile  
■ Makerere Institute of Social Research, Uganda  
■ National Institute of Health Research and Development, Indonesia |
| Knowledge generation | Trends in health worker salaries (issued jointly with the Global Health Workforce Alliance) | 3 grants ranging from US$50,000 to US$66,000 | ■ Institut de recherche en sciences de la santé, Burkina Faso (also covering Benin and Niger)  
■ Kenya Medical Research Institute, Kenya (also covering Tanzania and Uganda)  
■ Bitran and Associates, Chile (also covering Peru and Bolivia) |
| The Opportunity Fund | (i) Case studies of implementing interventions targeting the social determinants of health  
(ii) African essay competition on user fees | 3 grants ranging from US$10,000 to US$25,000 | ■ Columbia University, US  
■ Future Generations, NGO, Peru  
■ African Health Economics and Policy Association |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<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, Bangladesh (non-state sector)</td>
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<td></td>
<td></td>
<td></td>
<td>Shandong University, China (financing)</td>
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<td></td>
<td></td>
<td></td>
<td>Makerere Institute of Public Health, Uganda (health workforce)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Catholic University of Chile (methodology centre)</td>
</tr>
<tr>
<td>Sponsoring national processes for evidence-informed policy</td>
<td>Country grants for evidence-informed-policy work (note these were not awarded through a competitive call)</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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Health, Viet Nam</td>
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<td></td>
<td></td>
<td></td>
<td>Health Policy Analysis Unit, Kyrgyzstan</td>
</tr>
<tr>
<td>Regional rapid response mechanism</td>
<td>Feasibility study of regional rapid-response mechanism for health policy in selected Asian countries</td>
<td>1 grant of US$50,000</td>
<td>Australia National University and partners</td>
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<tr>
<td>Strategy</td>
<td>Research/activities</td>
<td>Nature of grants</td>
<td>Recipients</td>
</tr>
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<td>-----------------------</td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td><strong>Grants previously awarded but still active during 2007</strong></td>
<td></td>
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<td></td>
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</tbody>
</table>
| Capacity development  | Young researcher grants (round 2): support to postgraduate courses in health policy and systems research | 6 grants of US$25,000 each        | ■ Martyrs University, Uganda  
■ Hanoi Medical University, Viet Nam  
■ Jimma University, Ethiopia  
■ Kaunas University of Medicine, Lithuania  
■ Health Science Institute of Mongolia, Mongolia  
■ Rwanda School of Public Health, Rwanda |
| Knowledge generation  | Governance, equity and health                                                       | 2 grants of US$150,000 each       | ■ Centre for Health Policy, University of Witwatersrand, South Africa  
■ Masena University, Kenya |
| Knowledge generation  | Impact of global health initiatives on health systems                                 | 6 grants of US$150,000 each       | ■ Beijing Normal University, China  
■ Curatio International Foundation, Georgia  
■ College of Medicine, Malawi  
■ Cayetano Heredia University School of Public Health, Peru  
■ School of Public Health and Social Sciences, Muhimbili University College of Health Sciences, Tanzania  
■ Institute of Public Health, Makerere University |
<table>
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<tr>
<th><strong>Strategy</strong></th>
<th><strong>Research/activities</strong></th>
<th><strong>Nature of grants</strong></th>
<th><strong>Recipients</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity development</td>
<td>Young Researcher grants, round 1</td>
<td>9 grants of US$25,000 each</td>
<td>- Hanoi School of Public Health, Viet Nam</td>
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<tr>
<td></td>
<td></td>
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<td>- Faculty of Medicine, Gadjah Mada University, Indonesia</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Tashkent Medical Academy, Uzbekistan</td>
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<td>- Kazakhstan School of Public Health, Kazakhstan</td>
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<td></td>
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<td>- Health Economics Unit, University of Cape Town, South Africa</td>
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<td></td>
<td></td>
<td></td>
<td>- College of Medicine, University of Nigeria, Nigeria</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Centro de Estudios de Estado y Sociedad (CEDES), Argentina</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- School of Public Health, Universidad Peruana Cayetano Heredia, Peru</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Instituto de Salud, Pontificia, Universidad Católica del Ecuador</td>
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## SUMMARY STATEMENT OF INCOME AND EXPENDITURE FOR THE BIENNIAL ENDING 31 DECEMBER 2007

(all figures in US$)

<table>
<thead>
<tr>
<th>Income</th>
<th>Jan 2006-Dec 2007</th>
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<td>Core Contributions</td>
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<tr>
<td>Contribution DFID</td>
<td>2,924,138</td>
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<tr>
<td>Contribution Sweden</td>
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<td>Contribution Norway</td>
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<td>Designated Contribution IDRC</td>
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### Total Income

6,054,583

<table>
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<tr>
<th>Expenditure</th>
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<tbody>
<tr>
<td>A Core Functions</td>
<td>717,273</td>
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<tr>
<td>B Board and Administration</td>
<td>559,224</td>
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<tr>
<td>C Knowledge Generation and Synthesis</td>
<td>2,228,756</td>
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<td>D Dissemination &amp; use of Knowledge</td>
<td>835,438</td>
</tr>
<tr>
<td>E Capacity Development</td>
<td>444,684</td>
</tr>
<tr>
<td>PSC Programme support costs</td>
<td>257,325</td>
</tr>
</tbody>
</table>

### Total Expenditure

5,042,699

### Net Income over expenditure

1,011,884
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.