



Interim Review 2005-2009

Alliance for Health Policy and Systems Research



Alliance for
Health Policy and
Systems Research



World Health
Organization



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Response of the Alliance Board to the Alliance Interim Review

We welcome the findings of the Alliance Interim Review conducted by Professor Tollman. This is an important period for the Alliance with new leadership both in the Secretariat and the Board and we believe that the findings of the review will be important in shaping future directions of the Alliance.

We are happy that the review has found there to be significant achievements since the external evaluation conducted in 2004. This coincides with our own impression of developments in terms of the Alliance structures and functioning, and with regard to the evolution of its program of work. In particular we echo Professor Tollman's findings concerning the major contribution that the recently formed Scientific and Technical Advisory Committee has made, and the importance of continuing to strengthen and develop relations with the Health Systems and Services Cluster at WHO. We also concur with Professor Tollman's conclusion that the current programme of work provides a solid foundation for future activities.

That said, in some respects we find this review overly-generous. We believe that the Alliance is now well-positioned to make a major contribution to the development of health systems research in low and middle income countries, but the Alliance needs to consolidate its work to-date and continue to strengthen key functions, particularly administrative and financial functioning, in order to be able to fully reap the benefits of the work it has done so far. As pointed out by the assessment, networks of Southern institutions need to be strengthened, and better engaged by the Alliance in its programme of work.

Further, the Board is committed to ensuring that some of the innovative strategies currently being pursued by the Alliance are properly evaluated in their own right. This Interim Review was not intended to conduct in-depth assessments of specific elements of the Alliance work plan, but the need for such assessments is well recognized by the Board, and the Secretariat is now putting plans for such in-depth reviews in place. The Alliance will evaluate its investment in Centres for Systematic Review, and select other work-streams including the Young Researchers programme, strategic research grant making, as well as grants to promote the use of evidence in policy. The Alliance views itself as an engaged and innovative funder, but can only be successful in this respect if it reflects carefully upon its own achievements and failures.

The current environment for health systems research, particularly that relevant to low and middle income countries is an exciting and dynamic one. We believe that the Alliance, as the only multi-lateral actor focused on health systems research, has a critical role to play in leading the further development of the field of health systems research internationally. Further evaluation and assessment of the Alliance's own functioning and performance are and will continue to be important elements that help inform and shape the Alliance's strategy.

Board of the Alliance for Health Policy and Systems Research

Introduction

This review of the Alliance for Health Policy and Systems Research, WHO Geneva, conducted over the latter part of 2009, comes some five years after an independent external review of the Alliance that covered the period 2000-2004.¹ While not formalized as a full external review, it was conducted at ‘arms length’ and should be regarded as an independent assessment.

Terms of reference were:

- To review current work of the Alliance with a view to assessing how well it aligns with the overall goals of the Alliance.
- To analyze to what extent the Alliance has been successful in positioning itself in the field of Health Policy and Systems Research (HPSR) and explore future development potential.
- To assess opportunities for the Alliance to align within the current global health architecture and WHO, with a particular focus on HPSR.
- To identify strengths and gaps in the Alliance work which would result in inputs for the 2009-2010 work plan.
- To build on the review conducted five years ago, and make specific recommendations related to the key points of that review to further strengthen the Alliance.

2009-2010 is a transitional period for the Alliance. In terms of Secretariat leadership, a new executive director, Dr Abdul Ghaffar took office in January 2010. Ghaffar was preceded by Dr Lindiwe Makubalo (previously chair of the Alliance Scientific and Technical Advisory Committee) who served as executive director ad interim for most of 2009. Lindiwe succeeded Dr Sara Bennett who served as Manager of the Alliance for some three years covering mid-2006 to 2009.

Professor Anne Mills, who has served the Alliance for over 10 years since its start-up phases, stood down as Board Chair at the end of December 2009. She was succeeded by Dr John-Arne Røttingen of Norway; John-Arne is himself a stalwart of the Alliance, having served as a founding member of its Board. There is much that is positive in these developments (discussed further below) and indeed Alliance leadership is characterized as much by continuity and stability as it is by growth and change.

1 Tollman S, Vassall A, Lorenzo M. Evaluation of the Alliance for Health Policy and Systems Research, An initiative of the Global Forum for Health Research. Alliance for Health Policy and Systems Research, Geneva, 2005.

Approach and methods

The reviewer had unrestricted access to Alliance reports, publications and meeting documentation. He made three trips to Geneva over the assessment period which afforded good opportunity to conduct individual interviews with members of the Alliance Secretariat and selected staff of the World Health Organization – from its Health Services and Systems Cluster, Information Evidence and Research Cluster, and other groupings. This was supplemented by selected telephonic interviews. A valuable aspect was the reviewer's observer-participation at meetings of the Board and Scientific and Technical Advisory Committee (STAC) in June and October 2009. Beyond the obvious benefit of gaining familiarity with Alliance business and the dynamics of debate in these key governance bodies, participation provided an unusual opportunity to gauge the nature and direction of strategic discussions. A listing of persons met and documents reviewed is provided in Appendix 1 and 2.

Summary statement

Alliance progress since 2004 has been significant. While key aspects of this are addressed below, a summary statement at the outset is useful:

In contrast with the external evaluation of 2004 – which was clearly supportive but with qualifications – this assessment will note the major and positive developments that characterize efforts over the period 2005 to 2009. The Alliance today is well-focused, organizationally strong and supports a compelling programme of work. It is anchored by a talented and hard-working Secretariat that is supported by among the most effective leaders in the field. These are major assets. A key challenge will be ensuring a constantly engaged and energized Alliance that provides leadership and deploys its capabilities most effectively, at a time when health systems development and related research and development are increasingly mainstreamed.² And doing this while recognizing the growth and diversity of players and stakeholders active in the field.

2 Reich MR, Takemi K, Roberts MJ, Hsiao WC. Global action on health systems: a proposal for the Toyako G8 summit. *Lancet* 2008; 371: 865-6.

Features of the Alliance

It is important to characterize the Alliance effectively and be clear on what constitutes its 'asset value'. As stated in the Annual Report 2008, the Alliance '... has a core mandate for information exchange, advocacy and tracking the development of the health policy and systems research field'.³ Specific objectives⁴ are to:

- Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods;
- Promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems; and
- 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.

The Alliance is justifiably described as the only global player with an exclusive focus on health systems research.⁵

Giving meaning to these statements are the nature of work underway, its quality and impact, coupled with the credible leadership represented in the Alliance's executive and governance bodies. Important dimensions include the southern-focused partnership network that has evolved – with much potential still to be realized – and initiatives to strengthen the capacity of regional training institutions.

The Alliance's track-record over the period of this review is impressive.

A notable feature is Alliance efforts to bridge *global* institutions and initiatives with *local/national* development – and the perspective that these are integrally linked. Indeed, as reflected in the recent country and regionally-based priority-setting exercise, that an "upward synthesis" of inputs can be highly effective in connecting the local with the global.⁶ Whereas global-level planning and investment are vital, national activity is the fulcrum for health systems improvement – which requires capable national leadership and effective institutions supported by sufficiently strong skills and evidence base. At a time when calls to re-invigorate primary health care and promote universal coverage are emphasized, the corollary is effective national/local health policy and systems research.

3 Alliance for Health Policy and Systems Research, Annual Report 2008 p7.

4 See website, Alliance for Health Policy and Systems Research, accessed 5 April 2010.

5 A Mills in Alliance for Health Policy and Systems Research, Annual Report 2008 p4.

6 Ranson K et al. Reports on priority setting. Alliance for Health Policy and Systems Research, Geneva.

The Alliance's association and working relationship with the Health Services and Systems cluster of the World Health Organization (WHO) – which serves as host to the Alliance, providing office and meeting space and serving as its primary reference point – carries real promise and is discussed in detail below.

Change and development in the external environment

Among many developments in the external environment, a few are singled out here; a challenge is to identify those developments which bear most closely on work of the Alliance, and their implications for strategy and programming.

- Widespread, even unprecedented, *commitments to health systems strengthening* across multiple constituencies – the WHO, other UN / international bodies, inter-governmental bilateral and multilateral bodies, the G8, foundations and NGOs, government leadership of low and middle-income countries, etc. This is associated with a 'crowding in' of state, non-state and international actors which may hold overlapping as well as diverging perspectives on health policy and systems development. It may be associated with increased funding for health systems strengthening, much of it linked to major disease-focused initiatives such as the Global Fund against HIV/AIDS, Tuberculosis and Malaria. At the same time, a sustained medium to long-term focus on health systems, with commensurate resourcing, cannot be assumed.
- Renewed emphasis on *primary health care* as a timely and critical response to the shortcomings of health delivery systems, especially as these relate to failure to meet the Millennium Development Goals (MDGs) targets, in sub-Saharan Africa in particular. This is coupled with fresh thinking on the nature of health care delivery and the importance of community-based diagnosis, care and support, as newer concerns about chronic illness, aging, mental health and early child development increase.

- High-level concern regarding the lack of vital statistics and health data,⁷ and the need to *monitor policies and programmes and evaluate their effects* – reflected in the newly-founded Health Metrics Network and University of Washington Institute for Health Metrics & Evaluation (IHME).
- The *global recession and its national counterparts*, which inevitably affect direct foreign investment, may reduce aid commitments, and result in major pressure on public resources including those available to the health sector; as a result, heightened concern to realize ‘value for money’ in health and development investments.
- Major multi-sectoral efforts including the WHO-convened *Commission on the Social Determinants of Health* (which highlighted the need for accessible, affordable and appropriate health care, including in the workplace);⁸ and overriding concerns with *climate change* and carbon emissions, reflected in the Copenhagen summit meetings of December 2009, the mitigation of which will necessitate major buy-in by the private sector as well as government.

7 Chan M, Kazatchkine M, Lob-Levyt J, Obaid T, Schweizer J, Sidibe M, Veneman A, Yamada T. Meeting the demand for results and accountability: a call for action on health data from eight global health agencies. *PLoS Med* 2010; 7(1): e1000223.

8 Closing the gap in a generation: Report of the Commission on the Social Determinants of Health, World Health Organization, Geneva, 2008.

Structure and functioning of the Alliance

Working documents of the Alliance emphasize that its organizational structure should support and enable its core functions.⁹ The past five years have seen major development in Alliance structure:

Secretariat

The Secretariat is clearly the engine room of the Alliance, responsible for initiating, consolidating and sustaining major initiatives including multiple grant-support processes – in effect, strategic implementation. This includes focused support and communication with grantees and the necessary administrative effort. Hence the Secretariat requires sufficient strength and determination to fulfill these needs and so, appropriately, has expanded fairly rapidly to its current complement of ten full-time staff – made up of an executive director, two scientific officers, three technical officers, and support staff including IT capacity.

The scale of the Secretariat should not be compromised and, projects and funds permitting, further judicious strengthening would be justified.

Scientific and Technical Advisory Committee (STAC)

Introduced in 2006, contributions of the STAC are evident in the Alliance's programme whether through new foci addressing methods development and policy syntheses, or through an abiding interest in research-to-policy processes. Concerned with the Alliance's scientific and policy work, and their associated impacts, **the STAC has proved unusually effective** – reflecting the quality of its members and facilitated by ongoing interactions with both Board and Secretariat. Equally, STAC members have been willing to provide direction or contribute directly and generously to new initiatives.

Governance

A critical governance issue involves the Alliance's association and working relationship with the WHO. From the outset, it was clear that the Alliance should build a strong and productive working partnership with the WHO. Housed initially within the Evidence and Information for Policy cluster, when that cluster

⁹ Tollman SM and Tomson G. Organizational options for the Alliance 1998, Geneva: Alliance for Health Policy and Systems Research.

divided into two in 2006, the Alliance moved to the newer Health Systems and Services (HSS) cluster – a grouping with which it has a natural affinity.

Relations with HSS (which includes the Global Health Workforce Alliance) are positive and mutually respectful. However, there appears to be considerable and as yet unrealized potential. HSS leadership has made clear that the cluster will not inaugurate any additional research body to inform its efforts; rather, that this role should be played by the Alliance. Further, there is a well-articulated sense that the Alliance could do more to formalize its interactions with staff of the cluster. **This could easily be achieved through regular structured meetings of HSS and Secretariat leadership. The aim would be to identify primary concerns of cluster directors, highlight available evidence and its uses, and generate ideas for future work.**

Overall, the intention would be to more effectively align Alliance contributions with the priorities and foci of HSS – now clearly directed at re-invigorating primary health care systems, a central strategy in attaining universal coverage. This would be reflected in staff interactions and collaborative efforts, while ensuring that the Alliance maintains its independent governance structure as this is vital to the credibility of its work.

This said, productive Alliance-WHO partnerships – ranging from EVIPNet¹⁰ to the Global Health Workforce Alliance to Health Care Financing to Essential Drugs – are much in evidence and enjoy recognition in the Organization.¹¹

Partner organizations and strengthening the role of southern groups/institutions

Since inception, the Alliance has built an extensive partner network of well over 300 grantee institutions and other interested affiliates. Considerable effort has been expended on communicating with this network, maintaining a high quality website, using events such as the annual Global Forum to interact with partners, ensuring that they are kept abreast of calls for proposals, and consulting on initiatives such

¹⁰ EVIPNet: Commentary in the Lancet.

¹¹ WHO Secretariat. Draft strategy on research for health. Geneva: World Health Organization, 2009.

as priority setting. Yet there remains a concern that the partner network could contribute more actively to Alliance efforts.

The growing global focus on strengthening health systems provides an opportunity – initially simply through gearing-up partner interest in the work of the Alliance and hence augmenting the ‘multiplier’ effect of Alliance outputs (which should be documented). The forthcoming November 2010 Montreux “First global symposium on health systems research”, for which the Alliance is a primary organizer, could provide a very good opportunity to convene substantive partner discussions.

A key issue is the Alliance approach to an up-scaled involvement of southern institutions. While this remains an important issue on the Alliance agenda, careful consideration to-date has confirmed the importance of the current Geneva base,¹² a position which is clearly valid. **At the same time, a greater role for southern institutions in Alliance leadership seems appropriate and fits with longer-term Alliance strategy.** Various initiatives – whether capacity related, involving the synthesis centres, or other efforts with a regional orientation – have provided Alliance leadership with insight into the range and strengths of southern-based partners. This provides a basis to appraise promising groups/institutions to assess their suitability for expanded and possibly secretariat-type roles. Doing so could advance the Alliance’s medium-term intention to involve partner organizations more effectively in Alliance governance and leadership.

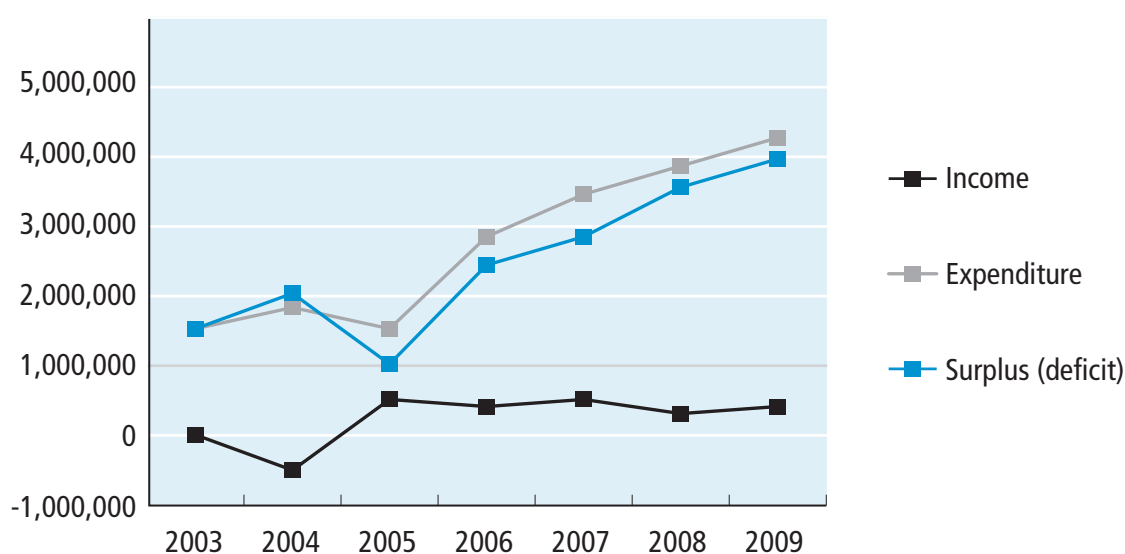
There is scope for one or more partner institutions to serve as temporary ‘satellite secretariats’ – not as quasi-independent bodies nor at major scale (implied by the term ‘regional hubs’) but to extend the ‘reach’ of the Geneva-based Secretariat in spheres where leading partner institutions have proven their suitability, and shorter- or longer-lasting depending on need.

12 Report on a southern base for the Alliance Secretariat. Alliance for Health Policy and Systems Research, Geneva.

Finances and funding

The review period has seen a real increase in the scale of grants from core funding partners, coupled with further contributions from new funders (appendix 3). The Alliance has thus seen substantial growth in income since 2005 – to an average of some US\$ 3.5 million per annum – that is matched by an appropriate and quite rapid rise in expenditure (Fig 1).

Figure 1: Alliance income and expenditure US\$ 2003-2009



Disaggregating total expenditure into the primary work streams of the Alliance shows a trend increase in most categories, with a marked upward shift occurring over 2005-2006 (Fig 2a). The extent of increase is not uniform across categories, seen more clearly in Fig 2b, which shows the changing spend by year *within* each expenditure category. The category 'Knowledge generation and synthesis' shows a sustained (though fluctuating) increase in expenditure in the latter part of the review period; while spending on 'Dissemination and use of knowledge' shows a marked rise in 2009. After a drop in 2006/7, 'Capacity development' also increased substantially in the last years of the review period. The spend on 'Core functions' increased significantly in recent years, reflecting no doubt additional Secretariat staff costs, but also the added effort given to grantee and project support. Throughout the period, 'Board and administration' expenditure remained essentially constant; increasing 'Programme support costs' simply reflects the 13% fixed contribution to WHO administration required of all WHO departments and units.

Figure 2a: Alliance expenditure (US\$) by category 2003-2009

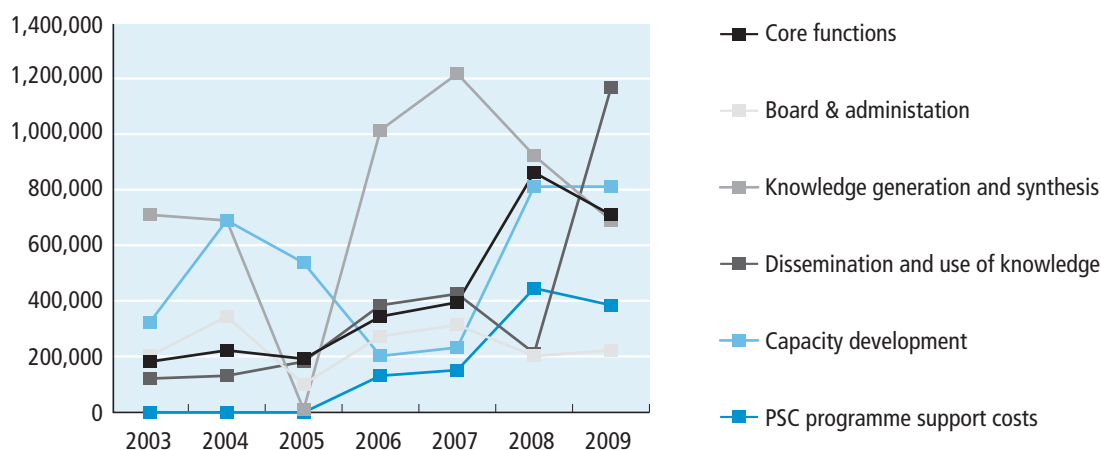
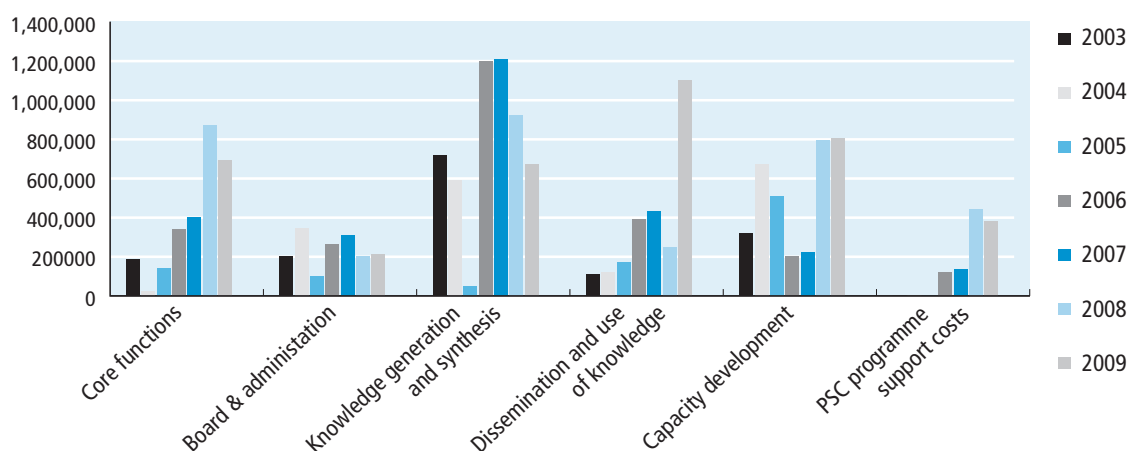


Figure 2b: Alliance expenditure by category by year



However, as is generally recognized, WHO financial administration can be cumbersome – to the extent of compromising the agility needed for the small-to-medium scale grant-making that is a central feature of Alliance work. With the prospect of further growth in Alliance income, ongoing attention to this aspect of Alliance operations will remain important and could become an issue for Alliance funders.

Programme of work

The Alliance programme of research and development, capacity strengthening, and grant-making over the period 2005-2009 is well conceived, demonstrating a marked evolution when reviewed against activity over the preceding cycle 1999-2004. Of special note is the coherent HPSR framework and strategic 10-year timeframe that provide the basis for work streams. While key foci should be scrutinized and refreshed periodically, effective ground-work has been done and foundations are solid.

Selected examples include:

- The intensive 'ground-up' national and regional exercises to establish *priority research questions* that have informed work in three main areas: health care financing, the health workforce, and the non-state sector. Clearly the relevance of these issues extends beyond particular Alliance interests; moreover, a credible 'bottom-up' process to achieve clarity on priority questions provides clear direction to the formulation of a compelling small and medium size grant-making programme. Similarly, the exercise should inform negotiations with possible funding collaborators (also within the WHO) and help foster the 'demand' necessary if calls for proposals are to result in a proper competitive response.
- Complementing this – and focused on the same key areas – were substantial awards to *synthesis and review centres* based in Xangdong University China, ICDDR Bangladesh, and the Makerere Institute of Public Health Uganda. The fourth centre, with a specific methodological focus that should draw from and extend approaches used by the other centres, is at the Catholic University of Chile. These centres, well supported technically by leading exponents in the field, face challenges but are clearly producing quality work published as Cochrane reviews and/or in peer-review formats.¹³
- Efforts to build a portfolio of *research-to-policy experience*: While an implicit theme in much Alliance work, explicit calls – research and capacity-oriented – address this issue. Experience to-date is mixed; pleasingly, it is an area where the Wellcome Trust, UK will partner with the Alliance, focusing specifically on low-income countries. While far from neglected by the Secretariat, and stressed through its STAC, the area can only grow in importance, justifying its position at the centre of Alliance thinking.
- The demanding challenge in building capacity (experienced by all international initiatives), is to develop well-targeted efforts at sufficient scale that result in a quantifiable improvement. The focus

¹³ See list of articles published and Cochrane reviews resulting.

of the Alliance ‘Young Researcher’ programme¹⁴ has shifted from largely individually-oriented to an institutional emphasis: competitive awards support academic groups with regional scope to strengthen their graduate training in the health policy and systems field. Reinforcing elements include:

- dissertation awards
- regional training workshops aimed at course faculty
- awards supporting efforts to strengthen capacity in taking research to policy, through brokering mechanisms or institutional innovation for example.

New initiatives

The Alliance will soon embark on new initiatives at significant scale that lie at the interface of research-to-policy. These carry potential to advance Alliance thinking and programme development, and extend the impact of the Alliance.

The ‘International Programme on Implementation Research for Scaling Up’, with core funding recently awarded by the Norwegian Government, will involve working partnerships with the WHO’s Special Programme for Research and Training in Tropical Diseases (TDR), Special Programme of Research, Development and Research Training in Human Reproduction (HRP), and Child and Adolescent Health and Development – and seeks to establish an “international implementation research platform”. The project will rest on multi-site ‘implementation evaluations’ targeting MDGs 4, 5 and 6 and, drawing on common instruments, aims to derive both context-specific and generic understanding relevant to wide-scale policy and programme implementation.

The other initiative, with support from DfID-UK, will focus on ‘access to medicines’ through concerted strengthening the necessary evidence base. Adopting a similar multi-site approach, work will address national policy on medicines and its implementation from various angles: procurement systems to delivery at primary care sites to patient/client perspectives. Also seeking to unpack context-specific and generic insights, and their interplay, the project will investigate research-to-policy avenues whereby improved understanding can influence programming and translate to measurable and sustained improvement.

14 For a detailed discussion of earlier efforts, see the report of the Alliance external evaluation 2005.

With a focus on implementation, these initiatives seek an articulation between generic approaches and the demands of national and local context; multi-site work applying common instruments will enhance the generalisability of findings.

Then and now: revising the balance sheet

The 5-year evaluation of the Alliance 2000-2004 included a “balance sheet” as a means to assess activities, achievement and gaps / future potential. The balance sheet can now be usefully extended to cover the later period 2005-2009 as shown in the table below, and may be useful in the effort to review and renew the 10-year strategic plan as well as introduce indicators for monitoring progress.¹⁵

Table 1: Balance sheet contrasting areas of Alliance endeavour for the period 2005-2009 vs 2000-2004

Activity / theme	Achievement 2000-2004	Gaps / potential future focus 2000-2004	Comment 2005-2009
Upstream			
Research grants (individual)	high completion rate; country focus with national application	limited international visibility or collective impact; uncertain policy application	Re-orientation to an institution-based strategy with inter-institutional workshops targeting faculty; supported by Flagship publications
Strategic research	targeted with clearer focus on priority issues; opportunity for funding partnerships	recently introduced; await potential impacts; could prove fruitful	Major aspect of Alliance strategy, key to recent work; well-recognised efforts aligned with stakeholder priorities

¹⁵ Alliance for Health Policy and Systems Research. Knowledge for better health systems and better health, The Alliance strategic plan: 10 year outlook and 2006-2008 plan. Geneva, WHO.

Activity / theme	Achievement 2000-2004	Gaps / potential future focus 2000-2004	Comment 2005-2009
Syntheses	limited; recent biennial publication an excellent basis	limited emphasis but major demand internationally; likely growth in demand regionally and nationally	Major strategic focus drawing on leaders in the field and involving sizeable investment in southern institutions
Capacity development	stimulated applications; many grants to young researchers; recent, non-specific links to training institutions	collective impact uncertain; contribution to institutional capacity unclear but warrants assessment	See above: Research grants (individual) Effective strategy to strengthen grantee efforts
Workshops, tools and methods	considerable research support via workshops; HPSR search engine used; short-course curricula and masters level contributions	limited exploration of HPSR field, especially methodologically	'Re-balancing' of approach to cover breadth of HPSR field including evidence-to-policy and more downstream activity
Interface			
Researcher-policy maker interactions	expected in research applications; a few case-studies	limited collective understanding; major field requiring articulation and development	Key and growing focus; work underway
Building the evidence on effective researcher-policy maker interactions		field requires thorough articulation and development	Key and growing focus; work underway
Downstream			
Applications of research/ evidence and what facilitates or hinders		major field requiring articulation and development	Field still requires major development...

Activity / theme	Achievement 2000-2004	Gaps / potential future focus 2000-2004	Comment 2005-2009
Alternate forms of learning, non-experimental evidence, 'learning by doing'		major field requiring articulation and development	... has high importance globally...
Evaluation of range of evidence-based interventions		major field requiring articulation and development	... and is major focus of Flagship Report 2009
Networking, dissemination			
Website and e-distribution	high functioning informative website; excellent distribution to academic and research partners	website a valuable resource deserving review and possible extension including greater cross links (eg to Cochrane and other sites); distribution to policy-makers less developed	Explaining HPSR is a priority receiving much attention and investment; primary targets are national policy-makers and possible new funders; Alliance profile is also important
Newsletter	distinctive, informative, wide distribution		

Looking ahead: renewing and re-invigorating the Alliance

It is clear that the Alliance has effectively traversed a challenging period and there is every reason to expect it to build on its strengths into the forthcoming work-cycle – one where the need for HPSR leadership will be at a premium. Transitions in leadership, specifically the appointment of Abdul Ghaffar as the new Executive Director, along with the election of John-Arne Røttingen as Board Chair, provide an unusual moment that is well suited to reflecting on the Alliance's trajectory and the demands and opportunities ahead.

In important respects, the concern is less what new to do – current and planned initiatives are well considered and promising – and more about preserving the vitality of the Alliance: ensuring that it is geared up for a next critical phase, building a profile commensurate with the 'coming of age' of the field, determining criteria to guide the selection of projects and partners, and extending its scope of work and 'reach' while gaining the requisite funding flows.

As a high-achieving organization, it is essential that the Alliance use this transitional period to re-invigorate itself and its Secretariat staff, placing the organization on an appropriate upward trajectory that is clear on strategic goals, aware of key developments in the external environment, and conscious of possible obstacles.

Profile and advocacy

The extensive multi-year advocacy and communication strategy envisaged, now at an advanced stage of planning and directed at prospective funders as well as national policymakers, should provide a major boost and contribute to Alliance momentum. However, given important changes in Alliance leadership, it will be prudent to review the focus and priorities of the strategy and adjust these where indicated.

The November 2010 gathering in Montreux will be an important forum for the Alliance – demonstrating an organization at the forefront of the HPSR field with a depth of insight – and its work and approach should be much in evidence. Effective planning for this event is essential.

Governance and organizational development

It is timely for Alliance leadership, including the Board and STAC, to pause and reflect strategically on programmes underway, Secretariat capacity, and the changing external environment. Potential to build a rewarding relationship with HSS/WHO is high but will require

proper attention and a guiding framework. While there is every reason to foster closer working ties with other global health programmes, including regular discussion of plans, priorities and collaborative possibilities, it is important to strengthen the Alliance in its own right – in part to foster the promising but recent partnership with HSS.

As an example, the Council on Health Research for Development (COHRED) together with the African Union / NEPAD (New Partnership for Africa's Development) recently announced a major programme on national pharmaceutical strategies in sub-Saharan Africa.¹⁶ With the Alliance's 'access to medicines' initiative soon to be launched, it is clear that the Alliance and COHRED should foster complementarities and seek synergy where appropriate. For this to occur, effective communication between the two groups is essential – and could be an example of complementary initiatives maximizing their impact rather than compromising their potential.

Beyond this, as discussed above, there is good reason to capitalize on the network of Alliance partners, with the most effective partners taking on an enhanced role that may also extend the reach of the Secretariat.

Issues and opportunities

As multiple organizations 'crowd in' to the field of health policy and systems research – advocating systems improvement but often in support of particular (usually disease-centred) interests – concerns to link generic, systems strengthening efforts with specific disease-control measures may be accentuated. The approaching 2015 deadline for the Millennium Development Goals will also bring attention to this. Whether this scenario offers opportunities for the Alliance should be considered. It would require skilful articulating of the vital importance of delivery platforms as the operating base for prioritized interventions / programmes, and could add flesh (some of it empirical) to the underspecified notion of a 'diagonal'.¹⁷ The issue may well become prominent at country level; further, it may be that new sources of funding can be accessed in this way.

16 African Union, Council on Health Research for Development (COHRED), New Partnership for Africa's Development (NEPAD). Strengthening Pharmaceutical Innovation in Africa (executive summary), COHRED 2010.

17 'Diagonal': efforts to reconcile 'vertical' programming with 'horizontal' systems strengthening. See Sepulveda J Forward in: Jamison D, Breman J, Measham A, Alleyne G et al (eds). *Disease control priorities in the developing world*. New York: Oxford University Press, 2006.

WHO leadership, with the Health Services and Systems cluster in the forefront, recommitted the Organization to primary health care with a particular concern for ‘universal coverage’. Whether this will be sustained and translate into meaningful systems strengthening to the benefit of those most in need remains to be seen. The dynamics of complex health transitions in middle- and low-income settings presents tough challenges to the health sector and primary health care services. Efforts to integrate chronic care, and/or HIV and tuberculosis services, and/or maternal, neonatal and child health, and/or reproductive health care are increasingly debated, with a range of experimental, quasi-experimental and other R&D efforts likely. Irrespective of approach, the need for extensive ‘refashioning’ of primary health care systems is widely acknowledged consequent, for example, on the rapid emergence of chronic illness (infectious and non-communicable) in many settings.

Major potential and yield lies in the sphere of evidence-to-policy. Although clearly a feature of Alliance activity, this complex interface remains a serious, at times intractable, challenge in most settings. While continuing upstream effort will remain vital, evidence-to-policy is a sphere where, arguably, great gains stand to be made. Possibilities range from:

- Changes to organizational behavior and institutional innovation
- Improved supply-side (service delivery) – demand-side (client and community) interactions
- Better understanding of Alliances and Partnerships within the health sector, with civil society as well as intersectorally
- Contributions of the non-state sector (private sector and NGOs)
- Better and faster public sector learning from experience elsewhere
- Joint efforts involving Ministries of Health, Finance and possibly others
- Approaches and study designs suitable to evaluating the process as well as outcomes/impact of scaling-up.

Examples of good practice can inform efforts elsewhere and work to systematize understanding is important. A well-conceived portfolio, building on promising efforts to-date including multi-country studies, could serve Alliance goals effectively and guide multiple stakeholders.

Conclusion

Referring, in conclusion, to the terms of reference for this interim review of the Alliance for Health Policy and Systems Research for the period 2005-2009, the reviewer states that:

- The Alliance is well-focused, organizationally strong and supports a compelling programme of work that aligns appropriately and well with the organization's overall goals. It should, however, use the transitional period 2009-2011 to re-invigorate itself and its Secretariat staff, thoroughly reviewing strategies and plans, with the intention of placing the organization on an appropriate upward trajectory.
- The Alliance is well-positioned in the field of health policy and systems research (HPSR) with high future development potential; nevertheless, consistently raising the Alliance's profile as part of an effort to articulate critical perspectives, concerns and challenges in HPSR is justified.
- Prospects for collaborative work with the World Health Organization at headquarters in Geneva and regionally, and with its host cluster Health Systems and Services (HSS), are most promising especially in the present climate; special attention to the Alliance's strategic partnership with HSS is warranted.
- The external review conducted five years ago identified areas and issues that the Alliance has since worked to address. It is clear that the Alliance sought to respond systematically and determinedly to the key issues highlighted. This is quite evident on review the Table 1 page 17. The sphere of R&D on "evidence-to-policy", and related capacity building, justifies a central position in Alliance programming.
- A talented and hard-working Secretariat anchors the Alliance. The scale of the Secretariat should not be compromised; rather, judicious strengthening should be considered.
- Evolution of the southern-focused partnership network is an important dimension with much potential still to be realized; a greater role for southern institutions in Alliance leadership fits with longer-term Alliance strategy.
- The extensive multi-year advocacy and communication strategy envisaged should contribute to Alliance momentum. However, given important changes in Alliance leadership, it will be prudent to review the focus and priorities of the strategy and adjust these where indicated.

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Appendix 1

Persons interviewed or consulted

Members of the Alliance Secretariat, and individually:

- Lindiwe Makubalo (Executive Director ad interim 2009)
- Kent Ranson
- Lydia Al Khudri
- Sara Bennett (formerly Manager of the Alliance Secretariat 2006-2009)
- Abdul Ghaffar (incoming Executive Director 2010).

Members of the Alliance Board:

- Jonathan Broomberg, Somsak Chunharas, Stephen Matlin, Sania Nishtar.

and individually:

- Anne Mills (Chair)
- John-Arne Røttingen (incoming Board Chair 2010)
- Saul Walker, Dept for International Development DfID, UK.

Members of the Alliance Scientific, Technical and Advisory Committee (STAC):

- Irene Agyepong, Sennen Hounten, Soonman Kwon, John Lavis, Prasanta Mahapatra, Göran Tomson

WHO – Health Services and Systems Cluster:

- Carissa Etienne ADG (as part of Board – ADG-HSS)
- Badara Samb (HSS/PCO)

WHO – Information, Evidence and Research Cluster:

- Ulysses Panisset (IER/RPC)
- Robert Terry (IER/RPC)

Other persons interviewed:

- Andres de Francisco, Team Coordinator; Partnership for Maternal, Newborn & Child Health
- Di McIntyre, Health Economics Unit, University of Cape Town

Appendix 2

Documents and papers reviewed

The reviewer looked through Board and STAC minutes and related documents covering the past several years. Some of these are referenced below along with a selection of relevant peer-reviewed publications.

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- AbouZahr C, Gollogly L, Stevens G. Better data needed: everyone agrees, but no one wants to pay. *Lancet* 2010; 375: 619-21
- Røttingen J, Buss Pm, Davies S, Toure O. Global -health research architecture- time for mergers? *Lancet* 2009; 373: 193-95
- African Union, Council on Health Research for Development (COHRED), New Partnership for Africa's Development (NEPAD). Strengthening Pharmaceutical Innovation in Africa. Designing strategies for national pharmaceutical innovation: choices for decision makers and countries (executive summary), COHRED 2010

Appendix 3

Funders of the Alliance for Health Policy and Systems Research

- The Department for International Development (DfID), United Kingdom
- The Australian Government's overseas aid programme (AusAID)
- The International Development Research Center (IDRC), Canada
- The Government of Norway
- The Rockefeller Foundation, USA
- Sida, Sweden
- The Wellcome Trust, United Kingdom

Previous contributors include:

- The Global Forum for Health Research, Geneva
- The World Bank, Washington

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.



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