ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

External Review 2014

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Table of contents

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List of abbreviations

ADG	Assistant director General (WHO_
AHPSR	Alliance for Health System and Policy Research
ATM	Access to Medicines
DFID	Department of International Development
EMP	Essential Medicines and Health Products
HPSR	Health Policy and Systems Research
HSG	Health Systems Global
HSS	Health Systems and Services
IER	Information, Evidence and Research
IRP	Implementation Research Platform
LMICs	Low and Middle-Income Countries
MDGs	Millennium Development Goals
MOU	Memorandum of Understanding
NIs	Nodal Institutes
NORAD	Norwegian Agency for Development Cooperation
Sida	Swedish International Development Cooperation Agency
SRC	Systematic Review Centres
STAC	Scientific and Technical Advisory Committee
WHO	World Health Organization

1   Executive summary

The Alliance for Health Policy and Systems Research (AHPSR) is an international independently governed collaboration situated in the Health Systems and Innovation cluster at the World Health Organization's (WHO) headquarters in Geneva. Its overarching goal is to improve the health sectors of low and middle-income countries (LMICs) through the promotion and use of empirical health policy and systems research (HPSR). The objectives of the Alliance, as laid out in its 2011–15 Strategic Plan, are to:

- Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods;
- Promote the dissemination and use of HPSR knowledge to improve the performance of health systems; and
- Facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders.

The Alliance describes its role as being a small organisation with the potential for leverage within the HPSR field. It considers itself a leader in systematic reviews and knowledge translation with a geographical focus on LMICs. Its operational objectives have remained largely unchanged since its conception in 1999.

The Alliance has developed a significant portfolio of work and is largely delivering its agreed workplan, albeit with some small delays, some of which are outside its control. It has a reputation for innovation and is widely recognised for leadership in defining the field of HPSR. This has been a major achievement. In general, the focus of research supported by the Alliance has either global or local relevance, although, whilst there appear to be priority-setting processes, these are not always systematic or visible to the external observer (including the ultimate target group, i.e. policy-makers). There is a perception among some stakeholders, perhaps unfairly, that some priorities for research and some choice of geographical locations are made in response to the agendas of donors or individual researchers. This needs to be addressed. (Sections 6 and 12)

The Alliance works with a large number of stakeholders. Whilst it should be congratulated on its engagement with researchers, research institutions and certain global bodies (World Bank, UNICEF, GAVI and hosted initiatives at WHO), there is less evidence of systematic communication and collaboration with the users of research, mainly policy-makers at country level. (Section 15)

The review has identified a number of strategic recommendations, which are supported by tactical recommendations where it is felt that relatively minor actions could have significant impact.

The Alliance should further **rationalise and focus** where it has a clear advantage. This is a fast evolving landscape and there are a number of areas where there is a degree of overlap with other local, regional and global entities; these need to be explored with a view to agreeing complementarity rather than duplication. The Alliance probably still attempts to spread itself too thinly through a number of small initiatives, which place high transaction costs on a small Secretariat and a significant burden on some of its members. (Sections 12 and 13)

The Alliance should recognise windows of opportunity and focus work in these areas. The current work on the Implementation Research Platform (IRP) is a good example of this but it is important that the Alliance considers adding additional value technically beyond grant administration. There would seem to be opportunities to extend this work in areas that have urgency and relevance, including non-communicable disease, nutrition and globally significant diseases (such as Ebola), which would benefit from being examined with a health systems lens. (Section 12)

The Alliance should review the **balance of work** between generating knowledge, building capacity, and advocacy and dissemination. The latter activity has not delivered and alternative ways of working need to be explored, including sharing resources with other initiatives and harmonising language and key messages.(Sections 12 and 13)

The Alliance should **increase the transparency** of its processes in order to demonstrate the criteria used for prioritisation of activities and selection of research topics. To demonstrate responsiveness to the needs of countries, the Alliance should demonstrate that research explicitly aligns with priorities identified by policy-makers (possibly some of those ratified by the World Health Assembly), even though this is difficult to achieve as it involves inevitable time lapses before findings can be produced. (Section 7)

The Alliance urgently needs to **review its dissemination and communication functions** and to produce a strategy, which will strengthen this function. (Sections 10 and 18.3)

Research generation is, by its nature, long term in delivery. This needs to be recognised by funders and, where possible, risk should be reduced by **longer-term commitments**. (Section 14 and 18.2)

The Alliance should agree the future role of the Secretariat and the balance between administrative and technical work. Furthermore, it should take the opportunity provided by vacancies to identify the **organisational competencies** required to deliver the refocused priorities and to **review its staffing**. A programme of staff and team development would be beneficial, as would recognition of the need for a change in managerial culture. (Section 16.4)

2   Summary of recommendations

Recommendations in this report have been classified as either strategic or tactical. Tactical recommendations largely relate to internal, operational matters and should be actioned by the Executive Director and his team. They are documented in each section but have not been consolidated.

Strategic recommendations either relate to the development of the next Strategic Plan or to strategic actions, decisions and the agreement of a philosophy/set of principles that are precursors of the Strategic Plan. The number of stars *** reflects the level of importance and/ or urgency. There are five major grouped recommendations relating to:

- Development of the next Strategic Plan***
- Future structure of the Secretariat **
- Future major workstreams*
- Partnerships**
- Advocacy and dissemination**

Importance/ Section number	Topic	Recommendation
***	Development of the next Strategic Plan	The following recommendations all relate to the content of the next Strategic Plan. It is recommended that this be the first priority for the Alliance. A number of philosophical and practical issues need to be resolved before the content of the Strategic Plan can be agreed.
18.1	Planning processes	The new Strategic Plan will be critical in setting direction at a time of considerable potential environmental change and uncertainty. It will be important that it commands the respect of the membership (who therefore need to be consulted in some way) and reflects the priority of the users of research as well as the research community. A results framework needs to flow from this, increasingly focusing on output and impact. Furthermore, efforts should be made to synchronise and simplify internal and external reporting.
7	Relevance of research	The Alliance should review its processes, including consultation on potential research topics, to ensure that country-level focal areas and globally recognised priorities are reflected in the proposed research focal areas and detailed agenda.
17	Institutional framework	A new agreement, including any change to the financial charging methodology, needs to be agreed and signed with WHO as a matter of urgency as this will be integral to the next Strategic Plan.
14	Future activities	The research agenda should be developed in consultation with a range of stakeholders and particularly users of research. Funding should be sought for an extended period. The Alliance should consider whether to continue any capacity-building support to individuals and whether to increase the focus on tools to support building capacity in HPSR.
5	Current operating environment	The Alliance will need to better position and profile itself in this new operating environment, while at the same time showing evidence of its complementarity and added value in relation to other research partnerships and programmes, knowledge centres and (academic) network centres operating in this subsector.
16.3	Scientific and Technical Advisory Committee (STAC)	Despite the goals laid out in the Strategic Plan, there seems to be a view held by some STAC members that the prime purpose they are working toward is the generation of good-quality research and that uptake is secondary. This is partially in recognition of inevitable time delay and the problems of meeting the needs of frequently changing users of research. A focus on generation may be a valid objective but it does not reflect the current strategic direction and needs to be resolved before the Strategic Plan is developed.
8	Quality of research	A strategic decision is required by the Board, advised by the STAC, about the relative importance and potential conflict between generating good-quality evidence (hopefully much of which has global significance and which therefore may be translated into policy), building capacity (particularly in LMICs) and responding to the stated needs of national policy-makers. This should form part of the strategic review.

13.1	Relevance of capacity building	The Alliance may wish to consider whether it will continue to support all three aspects of capacity building, i.e. individual, institutional, and the development of tools and materials. There would seem to be an argument to focus on the latter two and, perhaps, work in partnership with another body, probably Health Systems Global (HSG), which could lead on the capacity building of individuals.
10	Dissemination of research findings	It is suggested that the Alliance considers how much of the role of dissemination it will undertake itself and to what extent it can work with other organisations to facilitate this. This should be incorporated in a Communication Strategy. Consideration must also be given to the stage beyond dissemination when support is provided to translate evidence into policy and implementation. It may not be realistic for the Alliance to aspire to do this but it should seek partners who can do so.
**	Future structure of the Secretariat	The future structure of the Secretariat will flow from the agreed strategic direction, objectives and plan. It is urgent from a time point of view due to the current vacancies.
16.4	The Secretariat	The future role of the Secretariat needs to be agreed. Depending on whether the balance should change between administrative and technical, then new and replacement posts need to be redefined so as to reflect the competencies and experience required.
*	Future major workstreams	These recommendations relate to the major workstreams of the Alliance. Whilst very important, there is no urgency to consider continuation or otherwise immediately, and many are already confirmed into the strategic period.
12.1	Flagship reports	The production of the flagship reports seems very worthwhile and raises the profile of the Alliance but the selection of topics needs to be more transparent and explicitly respond to global priorities where a health systems lens can provide a significant and additional perspective. This does not imply that previous reports have not been relevant but the link to agreed priorities when selecting a topic has not always been demonstrated.
12.2	Systematic review centres (SRCs)	The development of SRCs is perceived as successful and would seem to merit further support for a time-limited period.
12.3	IRP	This is clearly an area of work with a high profile and the potential to make change happen. It would seem an area where the Alliance can demonstrate added value by bringing a health systems approach in a cross-cutting way and it is therefore recommended that this should continue to be one major workstream of the Alliance in the next strategic period. It is suggested that any further work be the subject of a Memorandum of Understanding (MOU) between participants with clarity on priority setting, country selection and financial flows. While the IRP focused on Millennium Development Goals (MDGs) 4 and 5, there seems potential (as identified in the review) to consider other areas of work including nutrition and non-communicable diseases. The priorities should reflect the priorities of countries.

12.5	Nodal institutes (NIs)	It is recommended that the Alliance reviews the work of the NIs and evaluates their role in dissemination and advocacy. Consideration should be given to the reality of their geographical responsibilities. At the same time, it may be appropriate to compare their role with EVIPnet teams where they operate in the same countries to identify if there is the opportunity for greater synergy, including some 'sub-contracting'.
**	Partnerships with WHO and HSG	Relationships with both of these bodies are of key importance but the Board needs to agree general principles on how it wishes other organisations to complement its work before undertaking discussions.
15.1	Working in partnership with WHO	The Alliance should identify the priority entities for collaborative working and agree principles of engagement. It should build on the IRP by identifying thematic areas of high global priority (non-communicable diseases, nutrition, etc.) and identify where a health systems approach would add value to developing knowledge with global applicability and provide opportunities to jointly support individual countries or regions with support to priority challenges or where policy is being developed (see Section 14). The Alliance needs to consider whether some of its work could be better institutionalised within WHO for long-term sustainability. This particularly relates to communication and advocacy. Greater harmonisation of research topics with WHO agreed priorities would seem desirable. The Alliance should consider how it can best work with country offices to influence and support policy-makers in getting evidence into policy.
15.5	Relationship with HSG	The Alliance should confirm its strategic direction and the likely impact of this on future activities before agreeing an MOU with HSG. This should ensure that the MOU is able to secure a complementary and collaborative relationship of benefit to both organisations.
**	Dissemination and advocacy	The Board needs to agree the importance that is attached to dissemination and to commission a strategy based on their agreed philosophy and the future role of the Alliance in dissemination and supporting implementation.
18.3	Communication and advocacy	Advocacy and communication needs to be a high priority with particular emphasis on facilitating evidence to policy. A strategy needs to be developed as a matter of urgency and agreement needs to be reached about what functions the Alliance needs to retain itself and what could be 'contracted out' or harmonised with other initiatives. The strategy should include addressing the image of the Alliance and its corporate style.
15.3	Working with policy-makers	A review should be undertaken to identify the preferred communication medium of policy-makers and this should inform the communication strategy.

3   Review methodology

The reviewers undertook an extensive document review and conducted telephone, VOIP and personal interviews with a range of key stakeholders (see Annex B). In addition, a small informal email questionnaire process was used to test advocacy and dissemination of research findings among selected health professionals in the field. The review was unable to find a way of establishing the views of users of research in a way that was not tokenistic but other major stakeholders were interviewed, with attempts to have a gender and geographical balance. Despite numerous attempts it was not possible to talk to as many people from LMICs as would have been ideal and other key informants could not make themselves available.

4   Progress since the last Strategic Review (2010)

The previous review highlighted the considerable progress made by the Alliance since the review of 2004. It was felt by the Board to be in some ways over-generous [sic] and, while there has been progress on some of the recommendations, not all have been achieved. The key recommendations were as follows:

1. Strengthening the (global) leadership position of the Alliance and better positioning the Alliance within the global HPSR arena

The Alliance has maintained its profile particularly through Flagship Reports and major events. It does not seem to have increased its profile with certain key sectors, however, particularly with health and health-related government agencies in LMICs, which are essential in evidence-to-policy translation.

2. Improving the quality of research planning, management, monitoring and quality assurance

Systems are in place for the identification of research priorities, management, monitoring and quality assurance but they are not always transparent to external parties. The selection of research priorities still seems heavily driven by researchers rather than by policy-makers.

3. Intensifying partnership relations with regional and national health systems research initiatives in the south

This has been difficult to assess but it feels as if some progress has been made and the partnership has a stronger southern focus. This is evident in the Board and STAC but could be strengthened further.

4. Improving coordination and alignment with the 'Health Services and Systems' and 'Information, Evidence and Research' Clusters within WHO.

Relationships with Health Systems and Services (HSS) seem cordial and productive but there remain evident tensions with Information, Evidence and Research (IER), which are focused on the potential overlap with the work of EVIPnet.

5. Profiling the organisation in terms of advocacy and communication and developing a Strategy document

There has been little progress in this area and the Secretariat acknowledges that it remains a major weakness.

6. Strengthening the Secretariat

There is an acknowledged need to strengthen the Secretariat, in part due to staff moving on. This will be influenced by the findings of this review and the strategic decisions on the Alliance's future role and the balance between grant administration and technical input.

5   Current operating environment

In recent years, the environment in which the Alliance operates has rapidly changed:

- The number of local, regional and global players involved in health system research, capacity building and policy influencing has significantly increased. This is partially attributable to advocacy undertaken by the Alliance.
- The global economic downturn and pressure on aid budgets has subsequently put pressure on research funding.
- New priorities are emerging, including universal health coverage, non-communicable diseases and the containment of potentially catastrophic diseases (Ebola).

The Alliance is aware of these changes, but does not seem to fully recognise the possible implications they could have on its future functioning. High dependence on a few core donors puts the organisation at potential risk. Likewise, HSG (see Section 15.5), which is currently seen as a complementary partner, has the potential to impact on the availability and commitment of partners to the Alliance and could provide significant inputs in areas currently covered by the Alliance (e.g. individual capacity building).

Strategic recommendation

The Alliance will need to better position and profile itself in this new environment, while at the same time showing evidence of its complementarity and added value in relation to other research partnerships and programmes, knowledge centres and (academic) network centres operating in this subsector.

Tactical recommendation

The Board should regularly assess risk, including financial, operational and reputational aspects, in the light of regular environment scanning.

6   Overview of the performance of the Alliance

There is a widespread acknowledgement that the Alliance has contributed significantly both to the creation of good research (relevant, quality assured and timely) but, perhaps more importantly, has raised the profile and defined the developing field of HPSR globally and been a strong advocate for investment. At its conception, this was a poorly supported field but, thanks to the Alliance raising the profile, there has been a growing realisation of its importance. **This is a major and strategic achievement**.

The Alliance's work is well regarded and some of the topics covered in Flagship reports are of strategic importance. The Alliance can demonstrate engagement with most, if not all, of the leading health system researchers internationally and many of them have contributed either to the Alliance's governance or its technical work. It is recognised that its siting within WHO provides it with the potential for exercising convening power but it does not seem that this is currently being used optimally with research users and policy-makers.

The Alliance appears to have achieved engagement in recent years more through networks and one-to-one contact rather than global visibility, although it has contributed to major international events.

The review has not attempted to examine all work undertaken in the period but has focused on a number of the major initiatives (see Section 12). In addition, it had been hoped to track the achievements of all workstreams (activity, budget, timeline and output) against agreed workplans but the current WHO planning and reporting systems do not facilitate this.

It is evident from a variety of monitoring reports (see Section 18.1) that, in general, workplans are delivering to time and budget with some unavoidable delays outside the control of the organisation. This is inevitable in a structure that relies heavily on partners to help deliver certain activities, particularly capacity building. However, there remains a need to work within a more developed results framework (see Section 18.1).

7   Relevance of research

While there is no question that the Alliance has produced an impressive volume of interesting and potentially useful research, the process for defining research questions is neither systematised nor entirely transparent.

The Alliance is involved in supporting work at national level that addresses local issues, but is also undertaking work which it is hoped will have global significance. In the first case, this must mean not only that findings are disseminated to ministries of health and other policy-makers but also that they are involved in identifying focal areas for work and research questions. While efforts are being made in this respect, staff turnover in ministries, coupled with the inevitable time between conception and delivery, means that the relevance may have diminished or not be recognised.

The Alliance strives to be flexible but it is difficult to react to expressed needs for research-based information, particularly where primary research is required, in a short timescale. On occasions this has meant that potentially interesting and useful work could not be undertaken as no outputs could be delivered in the timescale required.

Much of the research agenda with global significance appears to be being generated from within the research community, either in the Alliance itself or through consultation followed by adjudication and selection by the STAC. Although the STAC has members who work in ministries of health globally, it would be unreasonable to expect that they can represent the body of global decision makers.

There is an argument that, as the general priorities of WHO are ratified by the World Health Assembly, it would be reasonable for research focal areas to reflect these priorities. In some cases that has happened but it does not seem to be an agreed policy. Efforts have been made, however, to reflect the six health systems building blocks and this was a specific factor in work on Access to Medicines (ATM), which was an area less covered.

There is a perception, which may be unfair, that both focal research areas and geographical locations are being selected primarily by researchers and, on occasions, by funders. This is not to say that the systems used are not appropriate to ensure quality products. However, this highlights the need for greater transparency so as to develop trust in the process but also to demonstrate that the Alliance is supporting the global agenda as set by member states.

Strategic recommendation

The Alliance should review its processes, including consultation on potential research topics, to ensure that country-level focal areas and globally recognised priorities are reflected.

8   Quality of research

The Alliance faces a dilemma and a potential conflict between its roles in knowledge generation and synthesis and its role as a capacity builder of institutions in LMICs. If it aims to support the development of work of global significance, this may militate against awarding grants to researchers in resource-poor settings who may not have the expertise, even with support, to produce rigorous evidence.

Likewise, if the Alliance is to respond to the stated needs of policy-makers in LMICs for evidence to support decision making by commissioning research locally, this may not be from an institution with significant capacity. In this case, the exercise may be used to strengthen capacity (learning through doing) but the end product may not be of the highest quality, even though appropriate systems are established in the institutions as part of the process.

While appropriate systems are reported as being in place for peer review and quality assurance, the Alliance is facing difficulties in identifying adequate numbers of peer reviewers particularly for Systems Thinking and ATM. In the latter case, this is because the mix of knowledge required (medicines and health systems) is in short supply. This may require investment to address and increase the availability of appropriate people with time to undertake the task.

All proposed research activities have to be cleared by the WHO ethical committee. This can be the cause of delays and the current system is also acknowledged as having inappropriate criteria, more applicable to clinical research. This needs to be addressed with growing demand for HPSR. The process also involves the levy of 10% of first year budget.

Strategic recommendation

A strategic decision is required by the Board, advised by the STAC, about the relative importance and potential conflict between generating good-quality evidence (hopefully much of which has global significance and which therefore may be translated into policy), building capacity (particularly in LMICs) and responding to the stated needs of national policy-makers. This should form part of the strategic review.

Tactical recommendation

Calls for proposals and adjudication criteria need to be explicit in recognising the primary aim of any proposed work, i.e. generation or capacity building. It may also be appropriate to identify if one of these activities, probably capacity building, should be reduced and delivered by a complementary partner.

The Alliance should consider leading on an initiative to develop guidance on the ethical review of HPSR proposals. This would involve a mapping exercise of good practice from other institutions that have a significant volume of HPSR followed by consultation and guideline development. The resultant guidelines would not only be used by WHO but could provide a normative tool for other institutions

9 Evidence of use of research findings

It is difficult to find explicit evidence of use of research findings by decision makers, although this almost certainly happens, mainly without attribution. Although significant efforts are made, there are major problems in terms of delivering timely and appropriate material to the right people. Despite decision makers being involved in some research funded by the Alliance (involvement being an explicit criterion for funding), there is no evidence of any major shift in culture or mind set in relation to HPSR by policy-makers. This was demonstrated by the small number of representatives of ministries of health and allied institutions at the Third Global Symposium (approximately 77 out of 1,737 (4.4%), of whom a significant number came from the host country).

The issues appear to relate to interest but also to the dissemination and communication of research findings in a format suitable for use and that captures the attention of policy-makers (see Section 10).

10   Dissemination of research findings

There is an understanding of the importance of working with decision makers who can use the outputs of research to help them solve problems and develop policy, but also a recognition by the Secretariat that this is not working optimally.

The commitment to advocate for research and to disseminate findings in order to provide relevant support to country processes is strong but there is currently no process to make this happen systematically. There is no system for identifying the needs of countries for either new research or for targeting relevant knowledge. Where work has been undertaken at country level, this is routinely shared with decision makers in that country but there is no assurance that it is shared more widely. The circulation list for newsletters, policy briefs, updates and major documents is recognised as being out of date and incomplete.

Dissemination of research findings is not enough in itself, however. There has to be support to work with local policy-makers to identify how research can be translated into policy and implementation. This does not seem to be a current focus of the Alliance, but evidence will not be incorporated into policy and practice unless it is addressed.

The NIs have the potential to ensure knowledge is shared with decision makers in a country or region but there is no established link between the advocacy and communication function in the Alliance and the centres. It is not possible to measure the impact of the NIs in increasing awareness, knowledge and uptake in their catchment areas (see Section 12.5).

The Alliance also appears to be missing an opportunity to use powerful, potential intermediaries at country level. WHO regional and local offices have considerable interaction with government, as do bilateral health advisers. If they routinely received relevant research findings in an accessible format they could promote these.

Strategic recommendation

It is suggested that the Alliance considers how much of the role of dissemination it will undertake itself and to what extent it can work with other organisations to facilitate this. This should be incorporated in a communication strategy.

Consideration must also be given to the stage beyond dissemination when support is provided to translate evidence into policy and implementation. It may not be realistic for the Alliance to aspire to do this but it should seek partners who can do so.

Tactical recommendation

The use of intermediaries who have close links with policy-makers and who could be influential in bringing relevant research to the attention of policy-makers should be considered for inclusion in the communication strategy.

11   Ownership of research products

There seems good evidence that the Alliance is committed to ensuring that its products have open access. Most can be read and downloaded from the Internet. Indeed, they include substantial publications such as the HPSR Reader, which can be downloaded chapter by chapter. This has been widely disseminated to institutions for the use of teachers, students and researchers and is available on CD. However, whilst most products can be accessed, their technical content and style of presentation means that they are less digestible to a general reader and probably too lengthy to attract the attention of busy policy makers. More use of summaries and policy briefs in a readable format would be helpful. Work was undertaken on this with EVIPnet and consideration might be given to further collaboration on short policy briefs.

12 Overview of significant activity areas

12.1 Flagship reports

The Alliance has produced a Flagship Document at the end of each biennium. The topic for these is agreed by the Board and STAC but it is not entirely clear how the focal area is chosen.

The Flagship reports are an excellent showcase for the work of the Alliance but some have a high level of (somewhat indigestible) technical content. They lack a common house style and therefore their genesis is not immediately identifiable. A condensed summary publication might be more acceptable to decision makers and non-researchers.

The Flagship report on Systems Thinking (2009) continues to attract attention, as does its supplement. The Alliance may wish to assess if this is a continuing focus for future work and make a definitive plan as to how to either disengage or offer support both proactively and reactively to countries.

The First Global Symposium on Health Systems Research in Montreux identified the need for a global strategy on health systems research. At the request of the Assistant Director General (ADG), HSS cluster, the Alliance supported the creation of the WHO Strategy for Health Systems Research, which was launched in 2012. The strategy was developed by an advisory group set up in 2011 that had a diverse membership of researchers and decision makers from a wide variety of countries. The document is compact and benefits from illustrative case studies. It demonstrates also that its production arose from a need identified by a range of stakeholders.

The Methodology Reader on HPSR is recognised as extremely useful and comprehensive but inevitably is targeted primarily at researchers and institutions. It is not clear whether all of the capacity building funded by the Alliance uses this as the basis for the work.

The Flagship Report on Access to Medicines is discussed in Section 12.4.

Strategic recommendation

The production of the flagship reports seems very worthwhile and raises the profile of the Alliance but the selection of topics needs to be more transparent and to explicitly respond to global priorities where a health systems lens can provide a significant and additional perspective. This does not imply that previous reports have not been relevant but the link to agreed priorities when selecting a topic has not always been demonstrated.

Tactical recommendation

Reports produced by the Alliance should develop an identifiable and consistent house style for easy recognition and attribution.

12.2   Systematic Review Centres (SRCs).

The recognition of the value of systematic reviews of health system evidence led to the workstream to create centres capable of undertaking this work, with links to decision makers for informing policy-making. This was a ground-breaking initiative and the envisaged timescale was probably too optimistic. This work has been undertaken in two phases, each involving institutions in four countries. Two of the first phase institutions did not proceed to the second phase due to non-delivery and loss of key researchers and the outputs were generally felt not to match expectations.

The Alliance has provided capacity building (although it has not been possible for the reviewers to identify a standardised competence or system framework for this work) and has sponsored events to convene key actors to discuss gaps or strategies that merit testing. Capacity building was undertaken (in some cases pro bono) by a number of 'twinned' individuals and institutions.

There seems a consensus that, given the inherently complex nature of systematic reviews relating to health systems, it is unrealistic to expect any institution to become sustainable with competent reviewers in such a short time frame. It is also important that SRCs focus on issues with local relevance as well as international importance as this will ensure greater opportunities for policy dialogue and the adoption of evidence by policy-makers in country.

It is evident that there are differences of opinion as to whether systematic reviews are the gold standard in synthesising HPSR or whether other approaches have equal or greater merit. Despite this, the SRCs are a unique resource in the field of HPSR and therefore of considerable value. Their creation is a major achievement but their potential contribution has not yet been realised.

There is a recognition that systematic reviews in health systems are inherently difficult so it is perhaps not surprising that this workstream has encountered some problems. There is general agreement that the timescale for this work was unrealistically short.

A consistent approach with an agreed set of competences and systems requirements together with an understanding of a single vocabulary might result in more efficient and effective support. The second phase of institutions are all located in medium/high income countries, which may reflect the priority given to achieving outputs as opposed to building capacity.

As with some other activities, it is difficult to assess to what extent the Alliance has provided in-depth technical input to this process over and above developing systems for the selection of institutions and themes and grant management. The Alliance is more than the Secretariat but on occasions it is difficult for an external observer to distinguish between people acting as members or as contractors/grantees or as representatives of their own institution acting independently.

Strategic recommendation

The development of SRCs is perceived as successful and would seem to merit further support for a time-limited period.

Tactical recommendation

Other research entities in WHO are undertaking similar capacity building in systematic reviews and synthesising research findings, potentially in the same institutions. It would seem important to agree what competences are required (and HSG might also contribute to this debate) and what systems need to be established, and to agree to promote similar standards and systems of practice.

Building capacity for complex research processes is important but, if it is to be done effectively, then longer-term funding and support needs to be provided. However, a cut-off date needs to be agreed by which time the capacity should be institutionalised.

12.3 Implementation Research Platform (IRP)

The IRP was established in 2010 and involved five entities within WHO (the Department for Maternal, Adolescent, Child and Newborn Health, HRP, Tropical Disease Research, Partnership for Maternal. Newborn and Child Health and the Alliance, which acted as manager of the initiative). It was originally a separate area of work with its own budget and workplan. Its aim is to foster collaboration, cooperation, cross learning and capacity building and it has four areas of activity:

- Undertaking systematic reviews;
- Grant funding for studies in LMICs (with the Principal Investigator being a policy-maker);
- Developing toolkits for capacity building; and
- Internal and external coordination of Implementation Research.

An external review undertaken in August concluded that the IRP had performed well but had faced three key organisational challenges namely – the newness of the field, the philosophy of HSPR and its distinct methods, and the capacity of the bodies involved to support current and future work. It recommended that the IRP should focus on the normative domain (becoming the leading global entity for Implementation Research), on the technical domain (building capacity for grant making, capacity building through the NIs and providing technical support to partners), and in its advocacy role on ensuring that work is disseminated and reaching policy-makers.

The role of the Alliance acting as secretariat to the IRPs was reviewed favourably, being seen as an efficient mechanism for achieving linkages between partners.

With effect from late 2013 this work was incorporated into the Alliance workplan, managed by Alliance staff, and the Scientific and Oversight Group was integrated into the STAC with a technical steering group established to support the platform functions of the IRP.

Strategic recommendation

This is clearly an area of work with a high profile and the potential to make change happen. It would seem an area where the Alliance can demonstrate added value by bringing a health systems approach in a cross-cutting way and it is therefore recommended that this should continue to be one major workstream of the Alliance in the next strategic period. It is suggested that any further work be the subject of an MOU between participants, with clarity on priority setting, country selection and financial flows. While the IRP focused on MDGs 4 and 5, there

seems potential (as identified in the review) to consider other areas of work including nutrition and non-communicable diseases. The priorities should reflect the priorities of countries.

12.4   Access to Medicines (ATM)

The work undertaken by the Alliance on ATM was originally conceived in collaboration with the Department of International Development (DFID) and the Director of the Department of Essential Medicines and Health Products. For the implementation phase, it was funded separately and constituted a significant proportion of the overall income of the Alliance (about a seventh) but was incorporated in core funding thereafter. The flagship report, launched in Cape Town in October 2014, was subject to significant joint working and was co-authored by the director of EHP.

The outputs from this work are interesting and there were well-documented priority-setting processes in the focal countries to identify the research questions. Likewise, the relevant WHO department was an enthusiastic participant from design to publication. The importance of ATM is recognised as a global priority. Despite this, it is unfortunate that there is a perception that the work was donor driven and it has been suggested that the countries chosen could have been those where support was being provided in essential medicines by WHO, either centrally or nationally, with the potential for a multiplier effect.

The main issues appear to be the lack of a performance framework for this work and the difficulty in identifying how the interesting findings can be taken forward in countries through implementation plans and strategies.

12.5   Nodal Institutes (NIs)

The Alliance has developed a network of national and regional NIs to support capacity building and facilitate dissemination of both information and products. There prime purpose was seen as 'monitoring the field and maintaining partner databases' but there is a perception that this role has changed beyond the original vision. Their effectiveness in dissemination and maintaining information on research activity in their geographical area is variable. This may be because of a lack of specificity in the grant documentation and monitoring arrangements. There are gaps in coverage, particularly in the AFRO region, with major health economies lacking cover (e.g. Nigeria).

Strategic recommendation

It is recommended that the Alliance reviews the work of the NIs and evaluates their role in dissemination and advocacy. Consideration should be given to the reality of their geographical responsibilities. At the same time, it may be appropriate to compare their role with EVIPnet teams where they operate in the same countries so as to identify if there is the opportunity for greater synergy, including some 'sub-contracting'.

Tactical recommendation

If the Alliance decides to continue funding NIs as an approach to dissemination and advocacy, it will be important for personal relations as well as systems to be established with the communication lead in the Secretariat.

13 Capacity building

13.1 Relevance of capacity building

Capacity building, as a stand-alone activity, has decreased over the period with the exception of strengthening the SRCs. Some of the institutions selected for this workstream were already leaders in their country/region/globally, but this baseline capacity may have been necessary for a successful outcome. It is interesting that the two institutions which did not proceed to the second phase were both major centres (i.e. Makerere and ICCDRB).

The need for capacity in systematic reviews and research synthesis is acknowledged and is relatively new in HPSR. The workstream is therefore highly relevant.

Much capacity building has been undertaken as part of proposal preparation and supporting successful grantees. This includes workshops, individual support and some development of materials. It appears to have been well received and the outcome can be seen in the resultant proposals. This activity is largely delivered by a small number of partners and this puts some strain on 'volunteers' but also inevitably constrains timescales for delivery.

In addition, the Alliance has developed tools for capacity building that are in the public domain. The most notable of these is the HPSR Methodological Reader, which is a comprehensive publication edited by Dr Lucy Gilson. It provides guidance on the defining features of HPSR and the critical steps in conducting research and scopes research strategies and methods. It is reported as being widely used by universities and research institutions.

There appear to be opportunities for the development of further tools to support capacity building. One example is a guideline for ethical committees considering HPSR proposals.

Strategic recommendation

The Alliance may wish to consider whether it will continue to support all three aspects of capacity building, i.e. individual, institutional, and development of tools and materials. There would seem to be an argument to focus on the latter two and perhaps work in partnership with another body, probably HSG, which could lead on supporting individuals.

13.2 Quality of capacity building

It is difficult to assess the quality of capacity building without a performance framework. Currently, the metrics used are largely activity and volume (number of workshops held, number of participants, etc.) and there is a recognition that increasingly it will be possible to measure using more outcome-based indicators (number of first author papers, etc.) It is important that this is standardised across all capacity-building activities in order to facilitate the comparison of approaches and increase value for money.

14   Future activities

The next Strategic Plan will need to decide explicitly whether the existing three objectives continue to be of equal importance and, if so, what the agenda for generating research should contain. This should be the subject of consultation not only with researchers but also with users of research (i.e. policy-makers) and with potential collaborators, including other organisations and departments in WHO. The priorities of funders and potential funders also need to be taken into account. It will be important to ensure that the portfolio is manageable and this would suggest a move toward a smaller number of major workstreams.

Funding needs to be secured for an extended time period so as to ensure that any capacity-building support has time to be institutionalised and to be capable of measurement using outputs and impact. However, consideration needs to be given as to whether the Alliance has any competitive advantage in regard to the capacity building of individuals. A focus on the production of tools, including teaching and learning materials and proforma policies and procedures, would seem a productive avenue to pursue.

The Alliance needs to strengthen its role in dissemination and ensuring that policy makers have access to research findings. The respective roles of the Alliance and EVIPnet need to be clarified and complementary working established.

Strategic recommendation

The research agenda should be developed in consultation with a range of stakeholders and particularly users of research. Funding should be sought for an extended period. The Alliance should consider whether to continue any capacity-building support to individuals and whether to increase the focus on tools to support building capacity in HPSR.

15   Partnership relations

The Alliance is engaging with a large number and variety of collaborating partners.

These could be clustered as follows:

- WHO, including regional and country offices, particularly in the countries it is currently operating;
- Global, regional and local health systems research institutions and groups, many of which have registered with the Alliance;
- Global initiatives and multilateral and bilateral development partners, funding and/or implementing health (systems) research; and
- National health, finance and allied ministries, the ultimate decision makers.

Demands, expectations and commitments from each of these partners differ substantially and the Alliance would benefit from a stakeholder analysis identifying overlaps but also areas for greater collaboration and communication.

The absence of a country-specific and tailor-made approach toward engaging with respective 'client groups', coupled with the fact that the Alliance has probably spread its activities too thinly, might have contributed to the low level of visibility and contribution to local policy change, the ultimate ambition of the Alliance.

Under all three operational objectives of the current Strategic Plan and subsequent biannual work programmes, the Alliance has been undertaken numerous initiatives – ranging from global priority setting and/or mapping exercises and regional consultations to sponsoring national processes, the development of SRCs, the publications of (flagship) reports and small grant schemes. It looks, however, as though many of these initiatives are not always and sufficiently aligned and harmonised with agreed global and in-country policy and planning processes, as envisaged by the Paris Declaration and reinforced by the framework of IHP+.

Given the positioning of the Alliance at WHO headquarters level and its limited resources, there would seem to be opportunities to strengthen already existing structures and processes, rather than developing parallel systems.

15.1   Working in partnership in WHO

The Alliance is engaging with a large number and variety of collaborating partners within WHO at headquarters level:

- The HSS cluster;
- The Innovation, Information, Evidence and Research cluster;
- The Special Programme of Research, Development and Research Training in Human Reproduction;
- The Special Programme for Research and Training in Tropical Diseases;
- The Department of Child and Adolescent Health and Development;
- The Health Policy and Systems Research Department;
- The Health System Governance and Service Delivery Department;

- The Department of Health Governance and Financing;
- The Essential Medicines and Health Products Department;
- The Knowledge, Ethics and Research Department; and
- The HIV/AIDS Department.

The Alliance is not alone in experiencing the challenges of working collaboratively in a complex and geographically disbursed organisation like WHO. The two special programmes (TDR and HRP) have natural counterparts in WHO departments but that is less clear cut for the Alliance. While there are a number of good examples where the Alliance has worked with other entities within WHO it is not embedded in the routine way it works. This does not reflect any lack of commitment to collaboration and cooperation but is rather a reflection of complexity and culture.

WHO appears to struggle to find models for working in an integrated way that overcomes a culture which tends toward silo working. Some of this relates to pressure to deliver an agreed agenda but there are cultural barriers that seem to relate to funding and attribution of work undertaken jointly.

However, the Alliance can demonstrate a small number of individual successful collaborations within WHO in the period reviewed. In 2010, the Alliance committed to serve as the Secretariat for the development of the WHO Health System Research Strategy. The production of this substituted for the delivery of a Flagship report for that biennium.

In 2010–11, working in a complementary way to EVIPnet, the Alliance undertook to support development of policy briefs, policy dialogue with selected ministries of health, and a programme of capacity development and mentorship. The outcome of this was anticipated to be six policy briefs.

The IRP was established in 2010 and involved five entities within WHO (the Department for Maternal, Adolescent, Child and Newborn Health, HRP, TDR, PMNCH and AHPSR, which acted as manager of the initiative). It has recently been reviewed and the Alliance role was seen to be positive (see Section 12.3).

Likewise, the work on ATM was undertaken in close collaboration with Essential Medicines and Health Products.

There are some clear operational benefits of collaboration that could be realised, including the sharing of expertise (technical, advocacy and communication, and administrative), the sharing of tools, and the sharing of operational information (e.g. databases of generic stakeholders).

Further than this, the opportunities to work together with WHO entities with a research remit in areas such as developing basic and generic research competences, utilising common NIs for the collection of data and dissemination of knowledge and sharing, do not seem to be fully exploited. Nor has the potential of national WHO offices to increase dissemination and support the transfer of evidence into policy.

Strategic recommendation

The Alliance should identify the priority entities for collaborative working and agree principles of engagement. It should build on the IRP by identifying thematic areas of high global priority (non-communicable diseases, nutrition, etc.) and identify where a health systems approach

would add value to developing knowledge with global applicability and provide opportunities to jointly support individual countries or regions with support to priority challenges or where policy is being developed (see Section 14).

The Alliance needs to consider whether some of its work could be better institutionalised within WHO for long-term sustainability. This particularly relates to communication and advocacy. Greater harmonisation of research topics with WHO's agreed priorities would seem desirable.

An agreement is urgently needed about the respective roles of the Alliance and EVIPnet together with agreement about how the two entities can work together and utilise methodologies of proven effectiveness.

The Alliance should consider how it can best work with country offices to influence and support policy-makers in getting evidence into policy.

15.2   Relationship with research institutions worldwide

The Alliance can demonstrate established relationships with research bodies worldwide and with individual researchers. This is demonstrated by the large response to calls for proposals. The symposium in Cape Town (and predecessor events), which had a very strong research presence, provided a useful networking opportunity and acted as a showcase for the work of the Alliance. Participants interviewed commented favourably on the profile of the Alliance at the event and the information that was made available by them.

15.3   Relationship with policy-makers and users of research

Although there is a recognition of the importance of working with policy-makers to identify research topics and to provide them with research findings that can guide policy, this is not optimal. There have been specific workstreams where policy-makers have been required to be involved as a condition of the proposal but this is not a consistent requirement. Regular communication is not systematised and, in general, the selection of research topics is not user-led.

There is some contact at specific events (e.g. the symposium) but this does not attract many policy-makers. Rather than attempting to attract policy-makers to research events, it is suggested that it might be more effective to focus on existing events that are primarily for policy-makers (the World Health Assembly is an obvious example, but IHP+ events could also be used).

WHO country offices could act as intermediaries with government if appropriately briefed.

Strategic recommendation

A review should be undertaken to identify the preferred communication medium of policy-makers and this should inform the communication strategy.

Tactical recommendation

Consideration should be given to greater use of country offices in dissemination and also to an Alliance presence at key events designed for policy-makers.

15.4 Relationships with global organisations

The alliance has entered into a number of joint initiatives with global organisations including UN bodies, bilateral funders, foundations and global partnerships. In each case examined under the review relationships are reported to be excellent.

 UNICEF and the Alliance are co-sponsoring a research initiative on 'implementing child health' in selected countries in Africa and Asia, where they work with local health ministries, district health staff and national academics. This model is likely to be developed by UNICEF shortly, and funding will subsequently come entirely from UNICEF. The Alliance has clearly been catalytic and it is understood that UNICEF is very interested in generating and disseminating evidence for decision making at implementation level. The Alliance has 'added value' over the traditional research institutions. As a result, senior management at UNICEF is of the view that the issue of health systems research needs more emphasis on its agenda and is thinking of options to enter into a more formal partnership relationship with the Alliance.

The Alliance has also undertaken a number of potentially catalytic initiatives with the World Bank and USAID in implementation research which are currently in development.

It is evident that the Alliance is advocating strongly for HPSR with these influential bodies and results are being delivered.

15.5 Relationship with Health Systems Global (HSG)

The HSG is a membership organisation with the following mission:

> *To convene researchers, policy-makers and implementers from around the world to develop the field of health systems research and unleash their collective capacity to create, share and apply knowledge to strengthen health systems.*

It is not a grant making/funding body but works to foster the creation of new knowledge, supporting knowledge translation with a focus on bridging knowledge creation with practical application and supporting research on the application of new knowledge in real-world settings [sic].

It has the following four strategic objectives:

- To build health systems research communities that encompass policy-makers, researchers, NGOs and funders;
- To advance the field of health systems research through further development of health systems research methods, and of the skills and competencies of HSG members;
- To mobilise and support relevant communities to engage in and advocate for health systems research; and
- To ensure that HSG is strong and sustainable.

In June 2013, the Alliance Board invited a representative of HSG to form part of its structure to replace the representative of the Global Forum for Health Research, which had by then ceased operation.

The Alliance prepared a draft MOU in 2013 but this has not yet been finalised and signed. It may be appropriate that this MOU reflects the future strategic direction of the Alliance, hence haste to sign might be discouraged temporarily. However, the current officers of the HSG are well versed in the opportunities afforded by a close relationship with the Alliance so it will be important to capitalise on this and not delay unnecessarily.

The Symposium in Cape Town in October 2014 provided a major networking opportunity and attracted both young and established researchers. Its timely focus on people-centred health systems was prescient in the light of the push for universal health cover. As a co-sponsor, the Alliance participated actively in presentations, panel debates and plenaries, and its 'market stall' provided relevant information. This was primarily a forum for researchers (although there was good civil society attendance) but few policy-makers were present beyond certain presenters (overall approximately 4.4%) and there was a poor level of attendance from the private sector.

Nonetheless, it demonstrated HSG's role in engaging in and advocating for research and the organisation's potential for capacity building. This is currently viewed as complementary and positive but, should HSG seek funding from major donors for this work, this could change the relationship. It may be appropriate to consider the roles of the two organisations being complementary, with HSG undertaking individual capacity building and the Alliance strengthening institutions and developing tools and materials (such as the Reader).

Strategic recommendation

The Alliance should confirm its strategic direction and the likely impact of this on future activities before agreeing an MOU with HSG. This should ensure that the MOU is able to secure a complementary and collaborative relationship that is of benefit to both organisations.

16 Institutional issues

16.1 Overall governance structure

The Alliance governance structure is specified in an (unsigned) MOU with WHO. It incorporates a Board, STAC and a full time Secretariat.

16.2 The Alliance Board

The Board consists of members from government, governmental and non-governmental agencies, donors and academia. There is a strong donor presence, which may be constraining but also weak representation of end users of HPSR. The ADG (WHO), who has formal line management responsibility for the Alliance, is also a member. It is an appropriate size for effective decision making and communication and meets twice yearly. On occasions, this is done by conference call, which is appropriate given that all members have significant other commitments. It has moved toward geographical and gender balance.

The Board is responsible for strategic direction and oversight (including organisational performance management, even though the Executive Director is not accountable to the Board contractually but to the ADG). In the review period, it recognised that it was considering technical issues (and thus duplicating the STAC) and modified its work accordingly. The Chair of the STAC is an observer at Board meetings, providing a communication channel.

The processes for identifying new Board members are not wholly transparent and would not accord to international good governance practice; however, they are not out of line with other WHO-hosted bodies.

There is a perception that the Board could be more challenging and hold the Secretariat more strongly to account for performance of the workplan. This is difficult given that, inevitably, the Board members only have a small proportion of their time available for this role. It was evident from interviews, however, that some Board members were not aware of setbacks, risks and tensions.

Tactical recommendation

Whilst providing oversight is inevitably a high level activity, it would be desirable for the Board to provide challenge and, on occasions, to solicit information from a wider range of informants.

16.3 STAC

The STAC provides technical advice to the Board and Secretariat. In practice, this means that they consider priority areas for research once these have been subject to initial consultation and comment on proposed workstreams. They also ensure that the requirements for quality assurance are appropriate.

There is a degree of ambiguity in members' understanding of their remit and this might benefit from clarification and the creation of terms of reference. The STAC members all contribute voluntarily and all bring specific expertise in research and teaching. There is no member with a specific interest in communication and advocacy, although all members appear to undertake

this role informally. Again, the process for selection of members is not transparent to external parties.

In the past, consideration has been given to asking individual members to have technical oversight on specific workstreams. There are pros and cons to this but it should continue to remain an option as it would provide more in-depth technical oversight than is currently possible.

Strategic recommendation

Despite the goals laid out in the Strategic Plan, there seems to be a view held by some STAC members that the prime purpose they are working toward is the generation of good-quality research and that uptake is secondary. This is partially in recognition of inevitable time delay and the problems of meeting the needs of frequently changing users of research. A focus on generation may be a valid objective but it does not reflect the current strategic direction and needs to be resolved.

16.4   The Secretariat

The Secretariat is the executive body responsible for delivering the agreed schedule of work. It appears to have progressively changed its role and taken on more of a technical function but it is not clear whether this was a planned change. Certainly the agreed establishment and staff mix does not reflect this change in role.

The recent departure of two of its senior scientists/technical officers has led to some serious internal management challenges and a lack of critical capacity to address some of the more conceptual and future-oriented challenges the Secretariat is facing.

The appointment of a grant manager, along with task extension of some of the technical and administrative officers, seems to have contributed to a reduction in administrative workload. On the other hand, however, some of the key functions of the Secretariat (for instance related to communication and partnership coordination and development) are not adequate.

There is considerable duplication in current monitoring arrangements (see Section 18.1). If this could be streamlined and harmonised, it would be possible to create efficiency savings for reinvestment.

At a high level, the diplomatic skills of the Executive Director are widely acknowledged as building constructive relations and partnerships but networking is required right through the organisation, particularly with key stakeholders.

A decision needs to be made when considering the future strategy as to whether the Secretariat is largely an administrative organisation, managing processes and systems and commissioning research and capacity building as specified by the STAC and specialist consultants, or whether it is expected to provide input to research specification and quality assurance. If the latter is the case, its technical profile needs to be strengthened.

The Secretariat team includes a number of young people with considerable ability and potential. It is important to keep them engaged and committed and it is suggested that this could be achieved in two ways. First, the current management style might benefit from being

less traditional. A style which is more participative and informal tends to get the best from a young team. It is important that staff enjoy a degree of autonomy commensurate with their considerable experience and seniority and that they have the opportunity to have external recognition of their efforts.

Second, funding more personal and organisational development would ensure that future recruitment would also attract the best candidates. The use of coaches and mentors should be considered at all levels, as is the case in most major organisations. Regular facilitated corporate events to review progress, brainstorm ideas and provide internal challenge would also be beneficial. The team needs to agree their corporate culture and to establish ways to resolve issues in a non-threatening, learning environment.

The short-term funding uncertainty means that some of the Secretariat staff are employed on short or fixed term contracts. While understandable, this makes continuity and motivation harder to achieve.

Strategic recommendation

The future role of the Secretariat needs to be agreed. Depending on whether the balance should change between administrative and technical, then new and replacement posts need to be redefined to reflect the competencies and experience required.

Tactical recommendation

Consideration should be given to the organisational culture and management style and all staff should have the opportunity to benefit from both personal development and corporate team-building events. Efforts should be made to reduce duplication of some activities with other parts of WHO and thus achieve efficiency savings (including time) for reinvestment.

17   Institutional framework

The Alliance is one of the 'hosted' partnerships managed by WHO in accordance with the revised terms of reference for AHPSR of 27 July 2005 and an agreed but as yet unsigned associated MOU concerning hosting, the Secretariat and administrative services.

It is understood that WHO has been concerned about the high number and different types of partnerships; a new partnership policy and a revised policy was agreed in 2010. This policy will undoubtedly have an impact on the work of the Alliance.

Currently, the Joint Committee on WHO-Hosted Partnerships is in the process of assessing whether these relationships: (a) add value to the core business of WHO; and (b) adequately function in terms of governance and financial (risk) management. At the same time, initiatives are ongoing to (re)define the most appropriate costing model associated with these arrangements, which could possibly lead to an increase in administrative overheads for the Alliance. It would be important that negotiations between WHO and the Alliance on this issue be concluded before the start of the next strategic period and inform the financial plan.

As with all hosted bodies in WHO, there are issues in terms of reporting arrangements, the planning and financial requirements of the organisation, and the costs charged (13% of all income plus an additional 10% of year one charged for ethical clearance). Some of the WHO systems – particularly the management accounting system – are not fit for purpose for an organisation involved in commissioning and funding and associated performance management. Other special programmes and partnership bodies experience similar problems and also have to maintain duplicate systems.

A review undertaken in 2008 resulted in the decision that the hosting model was on balance the most appropriate and it would seem that this is still the case. There appear to be opportunities for rationalising the administrative, logistical, HR and financial roles and functions between the WHO corporate and Secretariat level.

The issue of what governance arrangement would best fit to the Alliance has been on the table for some time now. Following discussions on the issue with WHO, the initial idea of establishing a special programme was rejected as this model is considered to be an old and outdated program structures, which would among other things require a new governance structure.

A second option would be to look into the possibilities of merging (part of) the research organisations within WHO (i.e. TDR, HRP and Alliance HPSR), which could potentially provide more synergy, cost containment, as well as strengthen the Alliance's profile to the outside world, including funding partners, which are under increasing financial pressure. There is a danger however that the individual focal areas will be less distinctive and that the particular role of the Alliance in defining the field of HSPR and advocating for investment might be weakened. In addition there appears little tangible benefit for the other programs which would also have considerable disruption and potential distraction in changing the governance arrangements.

Strategic recommendation

A new agreement, including any change to financial charging methodology, needs to be agreed and signed with WHO as a matter of urgency, as this will be integral to the next Strategic Plan.

18   Supporting functions

18.1   Planning processes

During the review period the Alliance has worked toward the objectives in its Strategic Plan 2011–15. The Plan was prepared under new leadership and based on a SWOT analysis, as well as on the recommendations from the previous review. Unlike the 2006 Strategic Plan, it was not subject to consultation with the membership. Three strategic choices were made: (a) to reduce the number of LMICs engaged with; (b) to adopt an integrated approach in select countries; and (c) to introduce prudent financial management.

The Plan was highly aspirational and perhaps not entirely cognisant of the changing environment, particularly the growth of new players in HPSR. Three biennial plans and budgets have been completed in the timeframe but these are largely project based and would benefit from greater specificity in relation to lead responsibilities, detailed budgeting and timing.

The Secretariat produces a number of monitoring documents with significant overlap:

- A logframe for reporting on achievements as agreed with donors (2011, 2012, 2013);
- A record summarising annual research outputs, updated to mid-2014;
- An overview of peer-reviewed papers;
- An annual progress reports for wider circulation; and
- A quarterly internal technical and financial reporting system.

Despite all these, there is the lack of a rigorous results framework, which needs to be developed in line with the next Strategic Plan. It should focus on more than activities and attempt to identify metrics relating to outcome and impact.

Strategic recommendation

The new Strategic Plan will be critical in setting direction at a time of considerable potential environmental change and uncertainty. It will be important that it commands the respect of the membership (who therefore need to be consulted in some way) and reflects the priority of the users of research as well as the research community. A results framework needs to flow from this, increasingly focusing on output and impact. Furthermore, efforts should be made to synchronise and simplify internal and external reporting.

Tactical recommendation

Planning and monitoring systems need to be streamlined, harmonised and strengthened and used to drive the organisation. There should be regular reports against the plan to the Board and Secretariat staff should have objectives as stated in the agreed plan incorporated in job plans and assessed as part of their appraisals. The Board should review the purpose and audience of the Annual Progress Report.

18.2   Finance

From 2010 to 2013, the Alliance has continued to enjoy core funding from the Norwegian Agency for Development Cooperation (NORAD), the Swedish International Development Cooperation Agency (Sida) and DFID.

NORAD and Sida have both committed themselves to fund the current Strategic Plan (ending December 2015) for an amount of SEK 175.000.000 and NKR 4.000.000/per annum respectively), while DFID's financial contribution amounting to £10,400,000 is for the period to October 2016.

During the period under review, NORAD, Sida and DFID have also provided project funding for the IRP and DFID for the work on Access to Medicines through the Alliance, originally as separate allocations. Other donors, including the Rockefeller Foundation and Wellcome Trust, also funded specific (earmarked) activities under the programmes of work, as illustrated in the table in Annex D.

The Alliance has a small number of core funders and this is a high risk, particularly given budget constraints, the potential for policy changes (e.g. the UK election in 2015) and potential changes in the WHO overhead levy. As diversifying and/or generating new funding (be it core or non-core) has also proven to be difficult, a substantial financial growth in the coming years is not to be expected and efficiency savings need to be identified.

The relatively short period of guaranteed funding is a problem for a body supporting research, which is inherently relatively lengthy in delivery. Some of the recent initiatives are felt to have been less than successful purely because the time planned was felt to be unrealistically short.

From the annual budget, between 40% to 50% is spent on governance and management, including project support costs, which is relatively high, the more so since some of these functions are deemed to be included in the administrative overhead that the Alliance pays to WHO.

Being a partnership hosted by WHO, the Alliance works to WHO Rules and Regulations on all administrative and financial matters. In the case of grant management, WHO's procurement procedures apply, including the use of the GSM (accounting) system.

The Alliance 'grants management' cycle comprises a robust though rather lengthy adjudication, budget review, contracting and monitoring process. It appears to encompass appropriate checks and balances, although the methodology for costing appears high level (i.e. resultant budgets appear to be rounded-up approximations which suggests that in depth costing to a consistent framework is not systematized).

In addition to being heavily dependent on voluntary contributions from a small donor base, the Alliance also faces risks related to FOREX. That said, this is partially mitigated by WHO transacting forward currency contracts to hedge foreign currency exposures.

Challenges are also being observed in relation to the use of GSM, an Oracle-based management system, administered from Kuala Lumpur, which has some limitations and has led to the need to establish parallel and complementary financial budgeting, planning, reporting and tracking tools.

The Alliance is subjected to regular (internal and external) audits, the last one covering the fiscal year ending 31 December 2012.

To date, relatively little attention has been given to the issue of value for money, recognizing that the Alliance does not have control over many of its administrative costs. At this point in time, core donor funds provided both for corporate costs (direct and indirect) and research grants. Notwithstanding this, the review team felt that further (cost) efficiency gains could be achieved by reducing transaction costs and tackling duplication, particularly in regard to monitoring, management accounts, and some HR functions.

Tactical recommendation

The methodology for costing proposals and activities needs to be standardised and be more subject to demonstrable challenge

18.3   Communication and advocacy

Communication and advocacy are a key part of working in partnership and achieving evidence into policy transfer. This is currently a major area of weakness for the Alliance. While there appears to be reasonably good communication and involvement of researchers, this cannot be demonstrated with other key stakeholders. This is acknowledged by the Secretariat and needs to be addressed urgently. Current circulation databases (which largely duplicate those of other organisations in WHO) are out of date and hard to maintain. No sharing of data appears to take place with other parts of WHO. Certain communities are not being routinely provided with relevant information by the Alliance. A small survey of 10 bilateral country-based health advisers/technical assistance (including some from core funders' organisations) showed that only one had visited the Alliance website in the past year and none believed that either they or their national counterparts had received information from the Alliance. This is a missed opportunity.

Strategic recommendation

Advocacy and communication needs to be a high priority, with particular emphasis on facilitating evidence to policy. A strategy needs to be developed as a matter of urgency and agreement needs to be reached about what the Alliance needs to retain itself and what could be 'contracted out' or harmonised with other initiatives. Long term sustainability of dissemination should be a priority. The strategy should include addressing the image of the Alliance and its corporate style.

Tactical recommendation

The new member of staff responsible for communications shows considerable potential and could benefit from a mentor and a learning network of people working in the same area.

All Alliance communications (including PowerPoint presentations at major events) should use a common template and style.

Annex A   Terms of reference

Alliance for Health Policy and Systems Research the Alliance

External Review –2014

Terms of Reference

A. Background

1. The Board of the Alliance for Health Policy and Systems Research (the Alliance), commissions external reviews on an ad-hoc basis approximately every 4-5 years. The purpose of the review is to evaluate and assess progress towards agreed objectives and outcomes. The current review will be commissioned by DFID on behalf of the Board the Alliance and other core funders (i.e. NORAD and Sida).

B. Objectives

1. To assess the Alliance's overall performance during the last four years since the last review (the Alliance was evaluated in 2005 and in 2010). This will include a focus on the agreed framework of results and indicators, with a more in depth focus on the results achieved in the years since the last review (e.g. 2010- 2014). The review team will also consider the recommendations made by the last external review conducted by Professor Stephen Tollman and report on the implementation of key recommendations.

2. To assess the relevance and quality of the research and capacity building activities funded, supported or undertaken by the Alliance, the team should consider the following issues:

Quality of research and capacity building activities

- The processes for setting strategic directions for the research ensuring enough flexibility to respond to new and emerging issues
- How the Alliance ensures oversight of the quality of the research it funds
- The mechanisms in place to ensure only the highest quality research is undertaken, while maximising geographical diversity in research funding, capacity building, and continuing to fund the development and implementation of innovative research approaches.
- The institutional arrangements in place to quality assure the research carried out through external and internal scientific oversight and peer review, for example, the selection process of peer reviewers and the policy for allocation of research funds for individual research projects at the Alliance
- How the Alliance uses to cost and allocate the individual research studies supported through core and strategic funding.
- How the core funding contributes towards the outputs and outcome of the Alliance
- How the Alliance monitors its own performance against its framework of results and specific indicators
- How the quality of the outputs/results from the research are measured and assessed
- The steps in place to ensure that work is completed on time and within budget

- How project portfolios are managed in the different areas of work funded by the Alliance
- How issues around intellectual property are handled e.g. whether all recipients of research are bound by the WHO open access policy
- How quality of the capacity building work supported by the Alliance is assessed, including how issues of geographical representativeness, researchers' gender and age are taken into account when allocating funding

Influence wider HSR policy agenda

- To assess the strategic role and the convening power of the Alliance in fostering and utilising health policy and systems research as a mean to strengthen health systems in low- and middle-income countries
- To assess the extent and potential of research results for influencing policy and programmatic changes. It would be helpful to consider how the Alliance supports the work of research teams to influence policy makers and any ways this could be improved
- To assess the success of the Alliance in building evidence to inform the strategy of the WHO in the area of health systems strengthening

International and national collaboration

- To assess the strategic role and the convening power of the Alliance in fostering and utilising health policy and systems research as a mean to strengthen health systems in low- and middle-income countries
- To assess how the Alliance is currently working with other international, regional and national organisations with similar aims and where there are important overlaps and gaps. This may include networks with and within LMICs and others such as Health Systems Global
- To assess the relationships and collaboration between the Alliance and international funders of development aid for health, in particular those organisations which the Alliance has substantive relationships with, but may also include GFATM, GAVI, UNICEF, World Bank and bilateral funders, in order to reduce duplication of effort and be aware of opportunities to leverage further funding

1. To update findings of the earlier evaluation on how the Alliance surveys the wider research environment to ensure better coordination and that duplication of effort is minimised, as far as possible

2. To review the Governance and hosting arrangements of the Alliance and compare these arrangements of the Alliance, to the ones of the Special Research programmes (e.g. TDR and HRP) and other partnerships within WHO. This will enable appropriate recommendations to be made about potential future hosting arrangements within WHO, balancing the need for innovation, partnership and operational autonomy towards achievement of the goals of hosted entities and the organisational consistency within the WHO.
3. To make recommendations about the role the Alliance in health systems research in the next five-ten years
4. The Review Team may also suggest additional/alternative criteria to consider, in line with their experience

C. Composition of Review Team

1. The Review Team will comprise one Technical Research Specialist (likely to be the Team Leader) and an Institutional/Management Specialist as second team member. Both should have extensive experience of working in and on low and middle income countries. For the technical specialist, extensive previous experience of health policy and systems research is essential. For the institutional specialist, extensive previous experience of institutional reviews and strengthening is essential, with previous work on organisations within the UN system, health and/or research institutions a major advantage. Both team members must have high-level inter-personal and negotiating skills and a strong understanding of gender issues, capacity building and strengthening.

2. It is envisaged that the time commitment for both team members to complete the review will each be 8 working days, plus up to 8 working days for the Team Leader and up to 4 working days for the institutional specialist, to cover preliminary work, reviewing of reports, report drafting etc. The timings are negotiable and further time may be allocated if required. At least one working day for each team member should be reserved in order to review the draft report in light of comments from the Board (which will be coordinated through the Chair of the Board) and from the Alliance senior managers. In addition, the Chair of the Alliance Board may opt to invite a team member to attend a meeting of the Board (in person or by video/tele-conference), to outline the key findings, recommendations and action points.

D. Outline of Report and Support Arrangements

1. The report from the review is intended to be a concise action oriented document that will provide prioritised recommendations with clear action points. The report should be relatively brief (no more than 20 pages plus a limited number of relevant supporting annexes) and there must be an Executive Summary cross-referenced to numbered paragraphs in the main text. It is expected that the draft report will be produced within three weeks of completing the field work.
2. It is particularly important that the review report makes clear the strengths and research outcomes from core funding, along with any caveats and clear recommendations for senior managers and Board members.
3. Recommendations should be prioritised and clearly state who the Review Team feel should take responsibility for implementation. The Review Team will be responsible for providing electronic copies of the draft report, to the Alliance Senior managers and the Board. After amending the draft in response to comments, an electronic version of the final report will be required, by the Alliance Senior Managers and the Board. The final report should be produced within seven (7) working days of receiving the coordinated comments on the draft, from the Chair of the Alliance Board.
4. The Human Development Team, Research and Evidence Division in DFID are responsible for oversight of this assignment. The Deputy Research Manager (Martin Smith), based in London, is responsible on all matters related to contracting, reporting and administrative arrangements. The Senior Health Adviser (Malcolm McNeil), based in East Kilbride is responsible for technical oversight.
5. The Chair of the Board, Professor John-Arne Rottingen, from the Norwegian Institute of Public Health, Norway will be a key informant and will coordinate communication with other members of the Board. In the Alliance the key contact will be executive director Dr Abdul Ghaffar, who will be responsible for arranging key appointments, field visit/s and any limited logistical or administrative support in Geneva. Any additional support, essential for

the assignment, that the Alliance is not able to offer, should be factored into the assignment budget.

Human Development Team, Research and Evidence Division, DFID

14 August 2014

Annex B   People interviewed

Surname	Forename	Title	Job title/role
Agyepong	Irene	Dr	Former STAC Chair and former Chair of HSG
Al Atlassi	Loubna	Ms	Office of the Director General WHO
Al Shorbaji	Najeeb	Dr	Director, Knowledge, Ethics and Research WHO
Balow	Ros Mari	Ms	SIDA
Bendib	Lydia	Ms	AHPSR
Bennett	Sara	Dr	Former Executive Director and Board member, Chair of HSG
Cole	Katy		DFID
Collins	Terry	Dr	Participant at 3rd Symposium
Coutty	Maryse	Ms	AHPSR
El Saherty	Sameh	Dr	World Bank, Senior Health Policy Specialist
Fogstad	Helga	Dr	NORAD and AHPSR Board member
Forte	Gilles	Dr	MPC Co-ordinator, WHO
Garner	Paul	Prof	LSTM, Support to SRC
Ghaffar	Abdul	Mr	Executive Director, AHPSR
Gilson	Lucy	Dr	STAC member
Gulmezoglu	Metin	Dr	HRP, WHO
Keiny	Marie Paule	Dr	ADG, WHO
Kelly	Gloria	Ms	AHPSR
Kinn	Sue	Dr	DFID
Maimunah	Hamid	Dr	AHPSR Board member
Mc Neil	Malcolm	Mr	DFID and AHPSR member
Ngo	Stephanie	Ms	AHPSR

Peters	David	Dr	AHPSR Board member
Ranson	M Kent	Dr	World Bank lead on IRP Results Based Financing
Rasanathan	Kumanan	Dr	UNICEF
Reeder	John	Prof	TDR
Rottinger	John-Arne	Dr	Chair of AHPSR
Schmets	Gerard	Dr	Health Systems, Governance and Service Delivery, WHO
Silberschmidt	Gaudenz	Dr	Office of the Director General, WHO
Smith	Martin	Mr	DFID
Smith	Lizzie	Ms	Head of Profession for Health, DFID
Terry	Rob	Dr	TDR, WHO
Tomson	Goran	Prof	Chair of DTAC
Tran	Nhan	Dr	AHPSR
Wachsmuth	Isabelle	Dr	EVIPnet, WHO
Walker	Saul	Dr	Asia Region, DFID
Warriner	John	Mr	AHPSR

Annex C   Documents reviewed

Minutes

Minutes of Board and STAC meetings, November 2010

Minutes of Board Meeting, September 2011 (audio conference)

Minutes of Board Meeting, November 2011 (audio conference)

Minutes of Board Meeting, June 2012

Minutes of Board Meeting, November 2012

Minutes of Board Meeting, January 2013

Minutes of the Board Meeting, June 2013

Minutes of Board Meeting, October 2013

Minutes of Board Conference Call, January 2014

Minutes of STAC Meeting, November 2010

Minutes of STAC Meeting, May 2011

Minutes of STAC Meeting, October 2011

Minutes of STAC Meeting, May 2012

Minutes of STAC Meeting, October 2012

Minutes of STAC Meeting, April 2013

Minutes of STAC Meeting, October 2013

Minutes of STAC Meeting, March 2014

Newsletters

AHPSR (2009–2013) Newsletters 18–23

Strategic plans

AHPSR (2011) Strategic Plan: 2011–2015 – Bridging the worlds of research and policy

WHO (2012) Options for Action: Strategy on Health Policy and Systems Research

WHO (2012) Changing Mindsets: Strategy on Health Policy and Systems Research

Workplans

AHPSR (2010–2011) Workplan and budget

Annual reports

AHPSR (2010) Annual Report 2010 – Building and Strengthening Partnerships

AHPSR (2012) Annual Report 2011 – Responding to the needs of decision-makers

AHPSR (2013) Annual Report 2012 – Coming together as a community

AHPSR (2014) Annual Report 2013 – Capacity strengthening at the heart of what we do

Flagship documents

AHPSR (2007) Sound Choices: Enhancing Capacity for Evidence-Informed Health Policy

AHPSR (2009) Systems Thinking for Health System Strengthening

AHPSR (L. Gilson ed.) (2012) The Health Policy and Systems Research Methodological Reader

AHPSR (Bigdeli et al.) (2014) Medicines in health systems, advancing access, affordability and appropriate use

Priority setting

Azerodo et al. (2014) Stakeholders' perspectives on access-to-medicines policy and research priorities in Latin America and the Caribbean: face-to-face and web-based interviews

Emmerick et al. (2013) Access to medicines in Latin America and Caribbean; a scoping study

Ranson M. and Bennett S. (2009) Priority setting and health policy and system research

Ranson et al. (2010) Establishing health systems financing research priorities in developing countries using a participatory methodology

Rashidian et al. (2013) Bibliographic review of research publications on access to and use of medicines in low-income and middle-income countries in the Eastern Mediterranean Region: identifying the research gaps

Walker et al. (2009) Establishing non-state sector research priorities in developing countries using a participatory methodology

Zaide et al. (2013) Access to Essential Medicines in Pakistan: Policy and Health Systems Research concerns

Additional material

AHPSR, HRP and CAH WHO (date unknown) Concept for country support to strengthen capacity and leverage funds for implementation research to scale up maternal, newborn and child health interventions to achieve MDG4 and MDG5

AHPSR (2011) A Compilation of Institutions Producing Synthesis Documents

AHPSR (2009) Briefing notes 1–4

AHPSR (2014) Schedule of Peer Reviewed Papers (2010–2014)

DFID (2011) Memorandum of Understanding between DFID and AHPSR

HERA (2014) End of Programme Summative Evaluation of the Africa Health Systems Initiative Support to African Research Partnerships (AHSI-RES) Volumes 1 and 2

Tollman (2010) Interim Review of AHPSR 2005–2009

WHO (2010) Policy on WHO engagement with Global Health Partnerships and hosting arrangements (Annex to World Health Assembly Resolution 63.10)

WHO (date unknown) Report by the Secretariat on "WHO's arrangements for hosting health partnerships and proposals for harmonizing WHO's work with hosted partnerships"

WHO (2014) Draft minutes of WHO Workshop On Sharing Practices In Facilitating The Use Of Evidence In Health Policy And Management Decision-Making

Cape Town Statement from the Third Global Symposium on Health Systems Research Cape Town, South Africa (October 2014)

Third Global Symposium on Health Systems Research Participants List

WHO Information paper EB 132 /INF/2.

Annex D   Financial summary

Source of funding:	2010	2011	2012	2013
DFID	4.081.673	3.682.911	4.981.000	4.375.000
SIDA	2.128.036	2.063.218	2.533.000	2.424.000
Norway	3.205.128	3.490.401	3.135.000	684.000
IDRC			208.000	102.000
Rockefeller			300.000	
Multidonor Symposium			713.000	
Gates				50.000
China Medical Board		250.000		
Results for Development		30.000		
Other				70.000
	9.414.837	9.516.530	11.870.000	7.705.000

Use of contributions				
Knowledge Generation & Synthesis	4.205.013	3.367.887	3.724.507	2.553.000
Evidence to Policy	282.933	480.063	820.000	177.000
Advocacy, Dissemination & Communications	245.968	528.904	1.120.600	485.000
Capacity Development	1.411.478	391.126	1.757.580	650.000
Governance & Management	218.439	145.077	107.000	270.000
Staff costs	1.812.208	2.716.714	2.651.000	2.581.000
PSC (Programme Support Costs)	1.083.123	1.094.822	1.250.408	873.000
	9.259.162	8.724.593	11.431.095	7.589.000