

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

# Strategic Plan

## 2011-2015

Bridging the worlds of research and policy



Alliance for  
Health Policy and  
Systems Research



World Health  
Organization

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Printed in Switzerland.

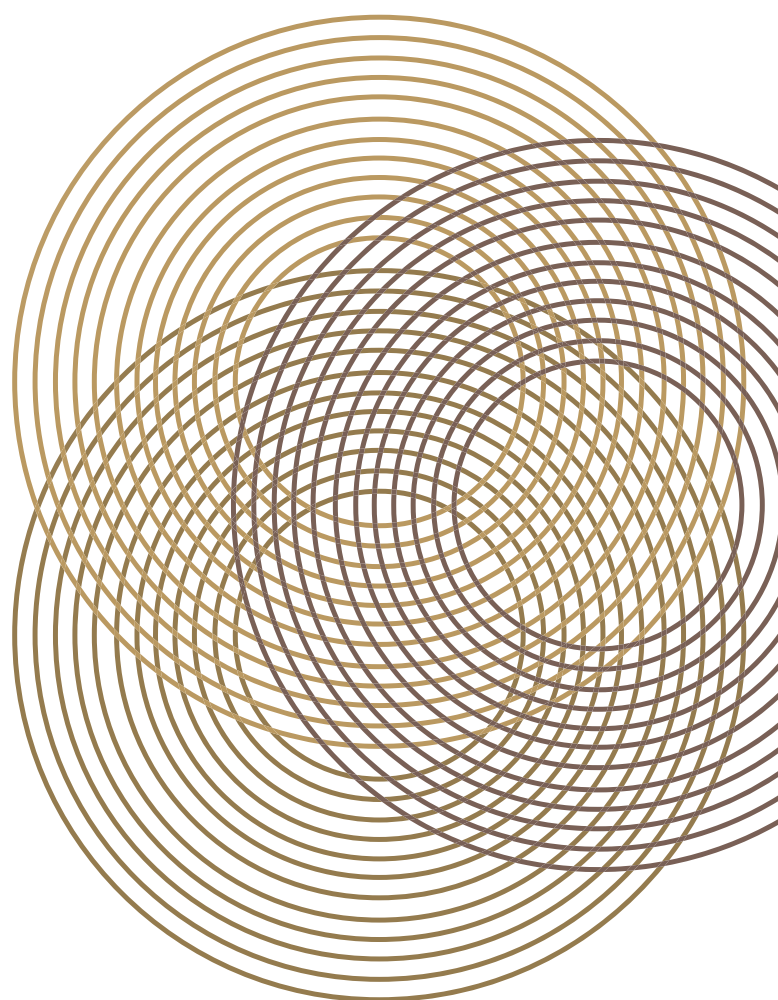
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# Strategic Plan

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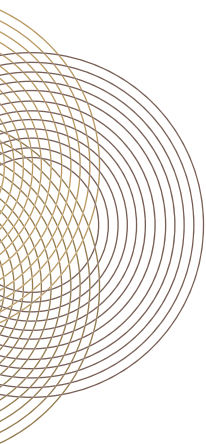
# 1. HISTORY AND PROMISE

Since the Alliance for Health Policy and Systems Research was established in 1999, the field of health policy and systems research (HPSR) has experienced remarkable growth. During the past decade, there has been enhanced recognition that countries will only meet the health-related Millennium Development Goals (MDGs 4, 5 and 6) through stronger health systems that, in turn, require a deeper, more contextualized and applicable knowledge base. Given the concerted global efforts to pursue this work – including ministerial meetings in Mexico (2004) and Mali (2008) and the First Global Symposium on Health Systems Research in Switzerland (2010) – the context in which the Alliance works has changed considerably since its inception and its previous Strategic Plan (2006). What are the implications of these changes for the Alliance's future directions?

The mandate of the Alliance stems from the recommendations of the Ad Hoc Committee on Health Research (1996), which recognized the role of health research in strengthening both health policy and overall development of the health system.<sup>1</sup> This mandate sees the Alliance promoting the generation and use of HPSR as a means to improve health systems in low-and middle-income countries (LMICs), contributing in various ways to the knowledge required to improve the performance of national health systems. Since its inception, the Alliance has interacted with more than 300 institutional partners located in over 50 LMICs. Working with these partners to strengthen Southern leadership and capacities for the generation and uptake of HPSR knowledge has been a fundamental aspect of its mandate. To those ends, over half of the Alliance's resources have gone to either small-scale HPSR grants or larger strategic research projects around specific high-priority themes.

The Alliance's seat as an international partnership and collaboration within the World Health Organization (WHO) provides it with unique opportunities to align its work and strengthen linkages with policy-makers in WHO Member States. When the Health Systems and Services cluster (of WHO) was established in 2007, the Alliance became part of this cluster and contributes to advance the role, promise and use of HPSR in the cluster and in the Organization as a whole. As a singular nexus for LMIC partners, the WHO, and HPSR experts across the globe, the Alliance has emerged – and remains – as both catalyst and leader in the field.

<sup>1</sup> Ad Hoc Committee on Health Research Relating to Future Intervention Options. Investing in health research and development. Geneva: World Health Organization; 1996.



The responsibility now before the Alliance is to maintain strong momentum and to continually find new and innovative ways to bridge the worlds of research and policy. This updated Strategic Plan builds upon the same mission and core objectives identified in the previous Strategic Plan (2006-2016), but reflects upon the Alliance's strengths and weaknesses, and its experience over the past five years in identifying and refining new strategic directions.

Over the next five years (2011-2015), the Alliance will intensify its efforts to further develop the field, including the documentation of HPSR methods, and support to training and mentoring young researchers. The Alliance will also broaden its support for processes that facilitate the use of health policy and systems research into policy- and decision-making. Understandably, these efforts will require increased funding in primary research activities. While such support remains important – and will continue under Alliance programmes like the Access to Medicines project and the Implementation Research Platform – an increased number of funders are now providing such support, allowing the Alliance both to shift its focus and to assist other funders in maximizing their investments in primary HPSR.



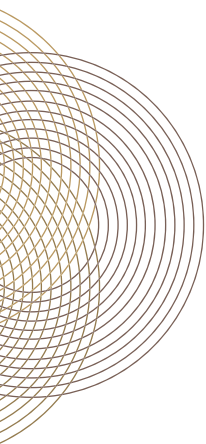


## 2. THE CHALLENGE

Over the past decade, tremendous amounts of donor funding have flowed to the health sector in LMICs, typically focused on particular diseases or services. However, research has routinely demonstrated that weak health systems often prevent those funds from attaining their desired impact. While cost-effective and life-saving technologies exist, the mechanisms to deliver those interventions to the people most in need are inadequate or even absent.<sup>2</sup> This failure exerts a catastrophic toll in terms of lives needlessly lost.

In recognition of these emerging health-system constraints, major funders – for instance the Global Alliance for Vaccines and Immunisation (GAVI) and the Global Fund to Fight AIDS, TB and Malaria (GFATM) – now earmark resources for health systems strengthening. However, there is no clear agreement on how these new resources should be used. The knowledge base documenting what works, for whom, and under what circumstances is emerging, but important HPSR questions for which there are no clear answers still remain. The current focus on strengthening health systems is therefore a rather fragile one – deepening this focus to achieve real, context-specific ends requires concrete achievements that visibly contribute to health outcomes.

<sup>2</sup> For instance, it has been estimated that full use of existing health interventions could reduce child deaths by at least 63% and maternal mortality by as much as 74%. For more see Freedman L., Waldman R., de Pinho H., et al (2005). Transforming Health Systems to Improve the Lives of Women and Children. *The Lancet*. 365:997-1000



The need for HPSR to address these challenges has never been more acute, nor more recognized. There is not only a dearth of health policy and systems knowledge, but a serious lack of individuals and institutions capable of undertaking it. There are also deficiencies in the way limited but existing knowledge is utilized. Existing capacity to conduct HPSR in LMICs is fragmented and weak, as is the ability of country institutions to adapt and apply HPSR in meeting their own needs. Without attention to and development of these capacities in LMICs, the gaps in knowledge, along with how to apply and implement that knowledge, will only widen.

The strengthening of national and regional actors and institutions – researchers, policy advisors, policy-makers, and civil society – will enrich local dialogue and increasingly foster a culture of evidence-informed decision-making. At the same time, the Alliance acknowledges the enormous challenges that come with such a belief. Strengthening capacity is a long-term, time- and resource-intensive undertaking, and the Alliance must be strategic and selective in the approaches it supports.

### Strengths, Weaknesses, Opportunities, Threats

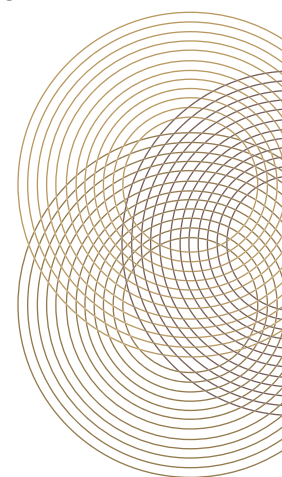
Reflecting upon the achievements of the Alliance to date, it is clear that it has a number of critical **strengths**. First and foremost, the Alliance is the only international body with a core mandate on health policy and systems research in LMICs. The Alliance views itself as an engaged funder: while the scale of its funding may be relatively small, the Alliance has sought to use it creatively and transformatively in developing critical capacities and in leveraging other funders. In this respect, it has benefited immensely from the support of an extensive network of HPSR experts, with skills in fields as diverse as health economics, health policy, knowledge translation and systematic reviews. These experts have greatly assisted the Alliance in developing and implementing innovative and technically challenging projects that push the boundaries of HPSR. Partnerships both within and outside WHO have helped the Alliance to develop, fund and supervise certain programmes of work. Finally, the position of the Alliance within the Health Systems and Services cluster of WHO means that it can both engage WHO and the policies of country governments on HPSR, but also ensure that its work agenda is informed by the needs of WHO Member States.

At the same time, the Alliance is aware of a number of **weaknesses**. Despite considerable success in fundraising during the past few years, the Alliance remains dependent on a handful of core funders. This makes it vulnerable in the case of policy changes on the part of any one funder. Secondly, while the Alliance has multiple partners in many countries, it has struggled to find a way to engage effectively with some of these organizations in an ongoing fashion; in some cases the partnership involves little more than the one-way flow of

information products (e.g. newsletters and e-mail updates from the Alliance). Moreover, the Alliance has relatively weak links at the regional level, with particular reference to regional networks. Finally, while there are individual examples of how Alliance support has helped to influence policy, this has not yet been demonstrated in a systematic or routine way.

HPSR currently has a strong profile at the global level, far greater than at any previous point in the Alliance's history. This brings a significant number of **opportunities**. For example, the Alliance has been invited to work with WHO to produce a WHO Health Systems Research Strategy. One of the outcomes of the First Global Symposium on Health Systems Research was the proposal for a "society for health systems research, knowledge and innovation," a society that could potentially become a membership organization capable of bringing together in novel ways the Alliance and its in-country partners. Besides the escalating interest in HPSR, some of the sub-fields, which the Alliance has been critical in pushing forward, are also the subject of rapidly growing interest. For example there is particular interest in implementation research, and developing approaches that can speed the achievement of MDGs. The Alliance is hosting and leading the implementation research platform within WHO. Work in the knowledge translation field, which the Alliance has helped to pioneer internationally, is finally gaining the credibility and attention that it deserves. Finally, the interest in ensuring that Geneva-based health research partnerships work effectively together continues, and the scope for better coordinated work with these organizations offers significant opportunities.

Inevitably however, the growth of interest in the field of HPSR also brings a number of **threats**. For example, increasing amounts of funding for HPSR (including operational and implementation research) has brought new players into the field. While this certainly creates more competition for resources, and the potential for greater duplication, what is of greatest concern is ongoing confusion over definitions, concepts and research priorities. There remains continuing lack of clarity across actors about the scope and nature of the HPSR field, and the Alliance wants to take a leading role in facilitating greater coherence. The Alliance also needs to guard against the danger of spreading itself too thinly across the many possible new areas of interest.







## 3. PRINCIPLES

The following guiding principles underlie the aims, objectives and activities of the Alliance for Health Policy and Systems Research:

### **Equity**

The Alliance recognizes the crucial need for equitable, pro-poor health systems. It will ensure that all future projects and programmes of work explicitly target and analyse poor and vulnerable groups, particularly women, children, and people living with chronic conditions. In particular, the Alliance recognizes the important equity and gender challenges in access to medicines in LMICs, especially when considering the emerging burden of chronic conditions and the difficulty for weak health systems to respond adequately.

### **Collaboration**

With the relatively limited human and financial resources currently available to the Alliance, collaboration is critical in achieving its aims and objectives, particularly with those organizations and stakeholders who share similar perspectives and goals.

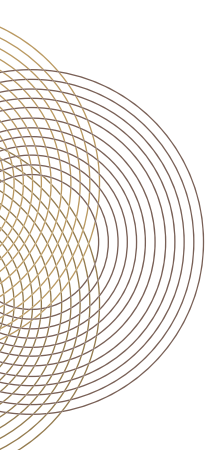
### **Systems thinking**

Systems thinking explicitly acknowledges the interconnections between health system building blocks and the importance of addressing them in a comprehensive manner in addressing any health systems issues. The Alliance will adopt a systems approach as an overarching principle for the generation of HPSR knowledge, in the use of research evidence, and in capacity building for evidence-informed policy making.

### **Transparency**

The Alliance has a responsibility to its stakeholders to ensure that processes are well documented and that achievements against pre-defined indicators are reported on a regular basis. Such reports are made available in the first instance to the Alliance Board and Scientific and Technical Advisory Committee (STAC) and donors, and are then made publicly available on the Alliance's web site.





### **Cost-consciousness and cost-effectiveness**

The Alliance is committed to working in as cost-effective a manner as possible. Particularly for the dissemination of information, it is increasingly relying on electronic newsletters, online publications and videos, rather than expensive print media. Whenever possible, the Alliance will use e-mail, telephone and video-conferencing rather than bringing people together for face-to-face meetings. When face-to-face meetings are necessary, the Alliance will try to organize them as satellite sessions at international conferences, so as to avoid spending large amounts on purpose-specific meetings.

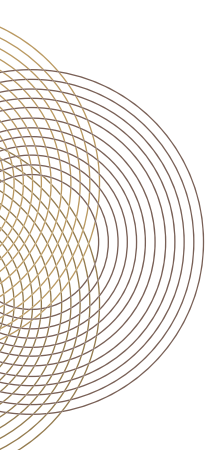


## 4. MISSION AND OBJECTIVES

The mission of the Alliance for Health Policy and Systems Research has remained unchanged since its inception: *The Alliance promotes the generation and use of health policy and systems research as a means to strengthen the health systems of LMICs.*<sup>3</sup>

While the context and the challenges before the Alliance have certainly shifted, its objectives remain unchanged. The Alliance has made definite progress in satisfying the aims of these objectives, but given their ongoing relevance with the prevailing global context and the Alliance's role within that context, these objectives will continue to guide its strategic direction and actions for this five-year planning period.

<sup>3</sup> Health policy and systems research is defined broadly as the production of new knowledge to improve how societies organize themselves to achieve health goals. WHO defines a health system as all organizations, people and actions whose primary intent is to promote, restore or maintain health.

**TABLE 1 Alliance Objectives**

<b>Objective 1</b>	Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods
<b>Objective 2</b>	Promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems
<b>Objective 3</b>	Facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders

The Alliance recognizes that in past years it has treated these objectives in a somewhat separate fashion, and hereby commits to support each objective in an equal and integrated manner. Over the next five years, the Alliance will work to increasingly integrate its work that meets all these objectives, as success in one objective can only come with success in the others.

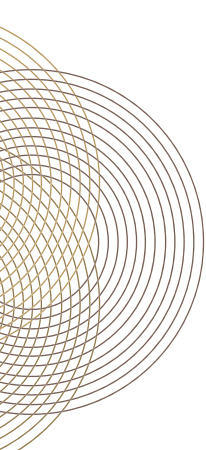


## 5. STRATEGIES

**Objective 1 – Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods.**

### **Strategies**

**Support select countries in an integrated fashion.** The Alliance will seek to demonstrate the country-level effects of its core strategies through working in a limited number of countries across all three of its objectives. To date, the three main objectives of the Alliance have been pursued separately across many different LMICs. In order to build synergies between the different strategies and to demonstrate the positive effects of such synergistic investment in research, evidence use and capacity, the Alliance will identify select countries where it can work in such an integrated fashion. An initial scoping phase will allow the Alliance to refine its approach, agree on country-selection criteria and identify appropriate partners. This strategy clearly cuts across all three objectives. It is anticipated that this strategy will also result in the leveraging of resources from the ministries of health and development partners in the countries of focus.



**Develop consensus around and document the use of HPSR methods.**

The Alliance is well positioned to develop consensus around and document the use of methods in the HPSR field. For instance, since 2009, the Alliance has supported the development of a Reader on HPSR methods, assembling a collection of papers that demonstrate quality application of different methods with related commentary. The group developing the Reader has concluded that the problem facing the field is not an absolute lack of methods, but rather a lack of consensus about which methods are most appropriate for particular research questions, and which methods have the needed rigour. The Alliance will help to develop consensus around and document the use of HPSR methods through discussion in different fora, including online discussion groups, expert consultations, and meetings around particular methods or research issues. This will help to strengthen the foundations for the teaching of HPSR and also help to provide a common vocabulary and shared understanding of HPSR – critical to further advances in the field.

**Support the development of methods for HPSR synthesis.**

The Alliance will assume an active role in supporting the development of new methods and processes relevant to the synthesis of HPSR knowledge. This may include direct support to Systematic Review Centres based in LMICs, and to other entities committed not only to synthesizing knowledge but to involving policy-makers and other stakeholders at various points in the HPSR process, from initial priority identification to evidence synthesis.

**Support primary research and syntheses through catalytic seed funding and collaboration with other funders.**

Historically the Alliance has supported research groups in LMICs and the production of policy-relevant research findings through issuing and supporting calls for proposals. This line of work will continue, but through different modalities and at a relatively reduced scale.<sup>4</sup> With new funders entering the field, the Alliance sees its primary role in this respect as (i) providing catalytic seed funding that may lead to larger-scale support from other sources and (ii) using the technical resources of the Alliance to help other funders issue and adjudicate calls for proposals.

<sup>4</sup> Funding of primary research will continue under important Alliance programmes like the Access to Medicines project and the Implementation Research Programme.



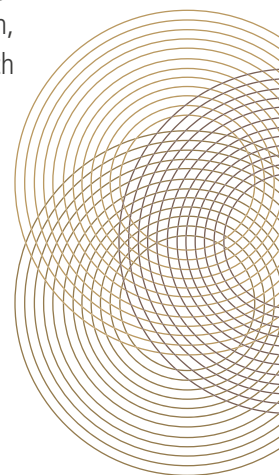
## **Objective 2 – Promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems.**

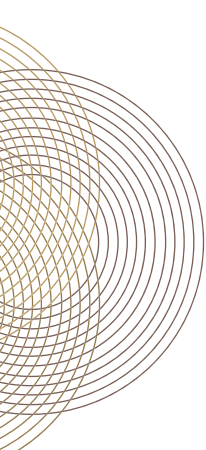
### **Strategies**

**Review and document lessons learnt from investments to date in national evidence-to-policy processes.** During the past five years the Alliance has made significant investments in country-led evidence-to-policy processes. These projects are currently at different phases of implementation. When these investments were initiated, this field was a nascent one within the LMIC context. Even today, there are relatively few experiences of supporting national evidence-to-policy processes in LMICs. The Alliance is already engaged in evaluating these experiences. Going forward, the Alliance will critically reflect upon the findings emerging from the evaluation and will appraise its own investment strategy in light of the evaluation findings. The Alliance will also work with other key actors in the knowledge translation/policy-uptake field to share lessons learnt and discuss implications for future activities.

**Continue to support national evidence-to-policy processes.** The Alliance will continue to invest in supporting national evidence-informed policy processes, though as noted above, it will critically assess strategies used to date and whether they need to be adjusted. Under such calls for proposals, the Alliance will continue to support policy dialogues, the production of policy briefs and other means of packaging research, along with training for policy analysts. In the Alliance's experience, open calls for proposals have been an effective way to identify emerging innovative practices, and remain in close contact with leaders in the field.

**Support select countries in an integrated fashion.** As part of its integrated strategy (see above under objective 1), in select countries the Alliance will seek to support evidence-informed policy processes, using many of the approaches identified above. This will focus in particular on the themes and questions that Alliance-supported primary research is currently addressing, making linkages across the evidence needed for policy, research prioritization, the conduct of primary research, evidence synthesis and packaging research evidence for policy- and decision-makers.





### **Objective 3 – Facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders**

#### **Strategies**

**Facilitate and coordinate support to scale up HPSR training and mentorship.** The Alliance will facilitate and coordinate support to scale up structured programmes to train researchers in HPSR in LMICs. In previous years the Alliance provided support to existing research-training programmes, particularly at universities through its “Young Researchers” grants. These were small (maximum US\$50,000) two-year grants that could be used by recipients to support HPSR teaching. While the grants were appreciated, it was felt (both by the Alliance and recipients) that they could have been more effective with complementary technical inputs. The Alliance will reflect upon its previous experience and design and launch a new programme for teaching, training and mentorship in HPSR. The Alliance will not act as a training institution itself – rather it will work in partnership with other actors, especially LMIC institutions, engaged in strengthening HPSR training and mentorship, and will facilitate information exchange and coordination between them. One component of this strategy may be to support the development of open-access curricula, to be made available through the Alliance web site, for subject areas in HPSR.

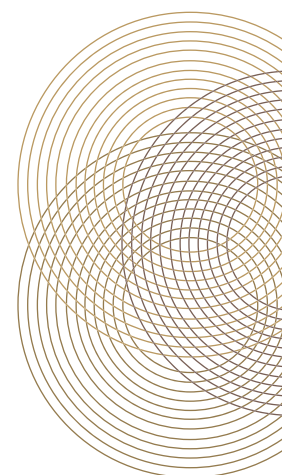
**Review options and determine strong strategies for supporting policy-maker capacity development.** The Alliance will take stock of different options for supporting policy-maker capacity to use evidence in policy and decision making – including its own programme of grants (together with the Wellcome Trust) and ongoing training programmes to determine how best to move forward in this field. Ideally, the Alliance will build on existing initiatives run by capable organizations, providing the necessary support for the capacity building of a larger number of policy- and decision-makers. However, if necessary, the Alliance may launch a leadership training programme highlighting the use of research evidence for improved policy and management decisions.

**Support network of policy research institutes.** The Alliance will establish close relationships with policy-research institutes, foundations and “think tank”-like institutions in the South to support their work in informing policy-making in their countries and at the regional level. Based on previous Alliance-supported research, there is a strong interest in creating and nurturing a network of health-related public policy institutes.

Table 2 summarizes the Alliance’s previous and proposed new strategies. Seeing how they both align and differ offers a greater sense of its continued evolution.

**TABLE 2 Alliance Strategies: Old and new**

Objective	Strategies under previous plan	Proposed new strategies		Explanation for shift
<b>Objective 1</b> Stimulate the generation and synthesis of policy relevant health systems knowledge, encompassing evidence, tools and methods	Leverage resources to support original HPSR  Fund synthesis teams and support the development of systematic reviews	Document and develop consensus around standards/norms for methods and tools; and their application  Support development of methods for HPSR synthesis  Support primary research and syntheses through catalytic seed funding and collaboration with other funders	Support select countries, in an integrated fashion, from knowledge generation to synthesis, evidence use and capacity development	Moving forward, a priority under objective 1 will be documentation and development of consensus around methods for HPSR and research synthesis. The Alliance's role in supporting primary research will be reduced. This reflects new funding to the field and the Alliance's perception of where the greatest need lies
<b>Objective 2</b> Promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems	Package syntheses and make them readily available to health system managers and policy-makers  Support national-processes for evidence-informed decision making	Review and document lessons learnt from investments to date in national evidence-to-policy processes  Continue to support national evidence to policy processes		Packaging of syntheses is integrated into ongoing country level work. Support to national evidence-informed policy processes will be reviewed in light of lessons learnt to date
<b>Objective 3</b> Facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders	Support methodological development in HPSR  Support policy-maker capacity development  Provide support to the development of young researchers	Provide a facilitator and coordinator role to scale up HPSR training and mentorship  Review options and determine best strategy to support policy-maker capacity development  Support network of policy research institutes		Intensified support to training, mentorship and networking towards increased use of research evidence at country level. Much of the methodological support is now under Objective 1







## 6. WORKING WITH OTHERS

With the relatively limited human and financial resources currently available to the Alliance, it will need to collaborate strategically with organizations and other stakeholders who share similar perspectives and goals.

There are several other international organizations and partnerships that share the goal of promoting capacity for health research in LMICs, although they focus on other aspects of the health-research agenda. Links with other WHO departments – especially WHO's Special Programme for Research and Training in Tropical Diseases (TDR) and the Special Programme of Research, Development, and Research Training in Human Reproduction (HRP) – can help the Alliance become more effective in its capacity-development work and in advocacy on the need for health research. The Alliance will look at further collaborations in capacity strengthening with various donors and institutions working in this field.

Many Northern institutions are engaged in substantive programmes of HPSR in LMICs. Such institutions share many of the objectives of the Alliance, particularly in terms of promoting the generation of high-quality health policy and systems knowledge and supporting capacity building. However, the Alliance needs to ensure that the primary beneficiaries of its activities are LMIC institutions. To that end, the Alliance will collaborate with Northern partners where there are shared interests – taking full advantage of the technical resources housed in the North – while primarily working with Southern institutions and benefiting from their experience and expertise. In many instances, technical support can be South-South rather than North-South, and these relationships among the Alliance's Southern partners will be encouraged.

Successful implementation of this Strategic Plan is at least partially dependent upon the ability of the Alliance to identify and respond, in a timely fashion, to emerging policy concerns. In this respect the Alliance's closer relationship with WHO, and hosted partnerships such as the Global Health Workforce Alliance or the Partnership for Maternal, Newborn and Child Health, will be particularly valuable since these links can help facilitate the Alliance's access to decision-makers in LMICs. The Alliance will also need to take advantage of the technical experts within WHO to help identify emerging policy issues. Relationships need to be cultivated with other agencies engaged in health system support.





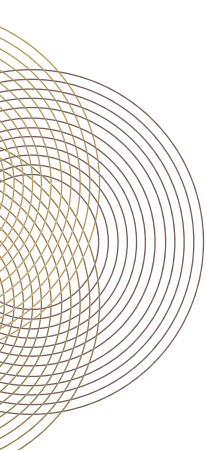
## 7. MANAGING RISKS

The objectives and activities outlined in this 2011-2015 Strategic Plan carry their own set of risks. The challenges of strengthening capacity in the South, of translating knowledge, and of generating knowledge are well documented, and the Alliance does not expect to eliminate such risks, but rather to mitigate them where possible. The Alliance now has substantial experience in managing programmes of this nature, a reasonable understanding of the inherent risks and, by and large, suitable mechanisms in place to protect against them. For example, the Alliance has clearly identified processes for issuing and adjudicating calls for proposals and screening grantees.

Of the new elements in the strategy, the greatest risks are associated with the proposed integrated approach in select countries. This integrated approach is new for the Alliance. As investment will take place across all three objectives – and in only select countries – the amounts of funding involved may be quite substantial. It will be critically important to ensure that the anticipated results are achieved. Based on the Alliance's previous experience, the appropriate selection of both country and partners is key. The Alliance will ensure an appropriate planning period for the work and will approach country and partner selection with clear criteria to complement the Alliance's deep experience in the field.

While the Alliance has in place appropriate processes to issue and adjudicate calls, it needs to strengthen requirements to ensure that issued calls match the principles articulated in this document. Specifically the Alliance needs to develop explicit requirements for all calls to have a focus on equity and gender; to involve a health systems approach; and to work in ways that strengthen both researcher and policy-maker capacity.

With the many new actors now operating in the field of HPSR, one likely risk for the Alliance is the extent to which it is able to identify and coordinate with other key actors in the field. The large number of players now active in HPSR means that the Alliance cannot actively collaborate with all, but rather it must be selective. The Alliance will identify key partners based on the strategies elaborated here, and will review and update the HPSR landscape on a regular basis.



Finally, the Alliance must demonstrate effectiveness, in concrete and measurable terms, if it is to capitalize on present opportunities. The Alliance must demonstrate the value of research in improving health systems performance and ultimately health outcomes. Further, the Alliance must communicate what it does and why this matters – to researchers and research-users, to technical and non-technical audiences. It must take full advantage of the possibilities presented through its existence as an international collaboration, leveraging its links to international organizations and funders, as well as to partners in the South.





## 8. MONITORING AND EVALUATION

The Alliance will use a system of indicators to monitor activities and the achievement of results identified in this Strategic Plan. The Alliance will report progress on these indicators to the Alliance Board on an annual basis and will also strive to make all such information publicly accessible. While some of these indicators are already used for monitoring Alliance activities, others will need to be developed for future iterations of the Strategic Plan.

To support this Strategic Plan and in line with WHO budgeting and administrative requirements, a series of biennial workplans will be developed. Each biennial workplan will identify specific tasks under each of the strategies identified above, including indications of responsible personnel and appropriate timelines. The biennial workplan will list process indicators (such as reports produced, grants awarded), while also operationalizing more outcome-oriented indicators tracking the influence of Alliance activities on an annual basis. These in turn, will link to the broader indicators of progress in the field associated with the Alliance's long-term goals. An independent external evaluation will be commissioned at the end of 2014 to review the progress and seek future direction.

Face-to-face Board meetings will be held once a year, where the Alliance Executive Director will present annual workplans and budgets, and detailed reports on performance and expenditure to the Alliance Board and STAC. Annual reports are made publicly available on the Alliance's web site.



# Alliance Board

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Norwegian Knowledge Centre for the Health Services, Oslo, Norway

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**Somsak Chunharas**

National Health Foundation, Bangkok, Thailand

**Carissa Etienne**

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**Malcom McNeil**

Department for International Development, United Kingdom

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**Sennen Hounton**

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**Soonman Kwon**

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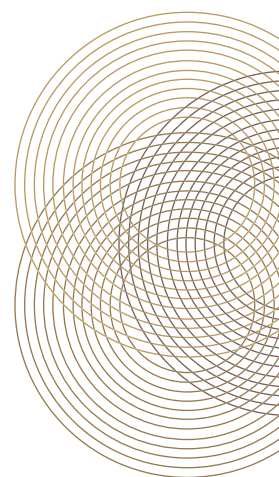
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**T**he Alliance for Health Policy and Systems Research is an international collaboration, based within WHO, Geneva, aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of low- and middle-income countries.

Specifically, the Alliance aims to:

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



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