Knowledge for better health systems and better health

**The Alliance strategic plan:
10-year outlook and 2006--2008 plan**

Alliance
for Health Policy
and Systems Research

**World Health
Organization**

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10-year outlook and 2006--2008 plan

Contents

Summary

The Alliance for Health Policy and Systems Research is an international collaboration aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. Specifically, the Alliance aims to:

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

A significant increase in funding for the Alliance, together with greater receptivity to the need to strengthen health systems and a stronger focus on health research, provide the perfect opportunity for the Alliance to enter a new phase of development.

The Alliance recently agreed a closer relationship with the World Health Organization (WHO) and is an important element in WHO's promotion of health systems research following the Mexico Ministerial Summit on Health Research and the resolution on health research passed at the 2005 World Health Assembly. It has been agreed with WHO that during the coming two years (2006-2008), the Alliance will position itself to develop a major international programme on health policy and systems research, will develop the foundations and plans for such a programme and, with WHO, will seek to

identify funding to support such a programme. If support is forthcoming, then the Alliance will transform into such a programme, if necessary changing its organizational structure in order to support its expanded mission.

The challenge

As new funding to tackle major health problems reaches countries, the obstacles presented by weak health systems to effective service delivery are receiving ever-growing recognition. Global health initiatives, international organizations, development partners and, above all, governments of developing countries recognize the urgency of strengthening health systems. There are a number of specific challenges, however, that hinder achievement:

- There is an absolute lack of knowledge of which health system strengthening strategies are effective, and under which conditions.
- Health-system solutions must respond to local contexts and values: Global knowledge must be adapted and applied to local circumstances.
- Capacity to produce health policy and systems research is weak and fragmented.
- Institutional capacity within countries to apply health systems knowledge to local policy problems is weak.

The Alliance strategy, set out in this document, aims to address these critical challenges.

The Alliance as broker and catalyst

Although the Alliance intends to grow and support a larger programme of work, it recognizes that it can also be effective as a broker and catalyst. In this role, the Alliance will:

- promote increased investment in health policy and systems research, particularly through the integration of research into health-system-strengthening interventions.

- advocate for approaches that contribute to capacity development in the South.

- facilitate information exchange about innovative methods, current patterns of funding and major multi-country studies in the health policy and systems research field.

- monitor the development of the field as a whole.

Most of these activities are viewed as core functions of the Alliance.

Alliance strategies

For each of its three objectives, the strategic plan identifies the results that the Alliance will deliver over the next 10 years and broad strategies to obtain these results. The short-term strategies of the Alliance (to be pursued during the period 2006-2008) are described in detail. Table 1 summarizes the Alliance's objectives, results and short-term strategies, together with its organizational development objective.

Table 1: Alliance objectives, results and short-term strategies

Objectives	Results (2006-2016)	Short-term strategies (2006-2008)
Objective 1: stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods	There should be a demonstrated increase in the production and publication of high-quality, high-relevance health policy and systems research and syntheses by researchers from developing countries in peer-reviewed journals	Strategy 1: leveraging resources to fund original empirical health policy and systems research Strategy 2: funding synthesis teams and supporting the development of systematic reviews
Objective 2: promote the dissemination and use of health policy and systems knowledge in order to improve the performance of health systems	There should be a measurable increase in the use of evidence to inform health policy- and decision-making in developing countries, and by international donors and multilateral agencies, and as a consequence improved policies and improved implementation of policies	Str tegy 3: packaging syntheses and making them readily available to health system managers and public policy-makers Strategy 4: sponsoring national processes in order to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums
Objective 3: facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders	There should be increased capacity in developing countries with respect to all steps in the research generation to use cycle, including priority identification, knowledge generation, knowledge synthesis, dissemination and the ability of decision-makers to acquire, assess and apply research	Strategy 5: undertaking a practically oriented review of what key stakeholders would like to see done in capacity development, and where the Alliance's comparative advantage lies, leading to the production of a new capacity-development strategy
Organizational development objective: over the next 10 years, the Alliance will seek to transform itself into a Southern-owned and -operated organization	By 2016, there should be strong Southern ownership of the Alliance agenda and the institutions of the Alliance	Strengthen links with Southern partners and regional networks Map out an organizational development path that will make this evolution possible

In order to sharpen its focus and ensure that its work has maximum impact, the Alliance will focus on three broad thematic areas over the next two years:

- health financing
- health workforce
- the role of the non-state sector.

These themes are broad; developing country-led priority-setting processes will determine which specific issues are addressed within the themes. In addition to these three primary themes, ongoing work on (i) governance and (ii) global health initiatives and health systems will be completed.

The strategies for 2006-2008, set out in this document, are elaborated into concrete tasks in the Alliance's biennial workplan. The more detailed work-plan also establishes a quarterly monitoring framework. After two years, the Alliance will commission an external review of its strategies with a view to making amendments as necessary.

Getting fit for the challenges ahead

During the past 12 months, the Alliance has made critical steps in improving its "fitness" to address the challenges ahead. Its closer relationship with WHO has brought it greater legitimacy and positioned it to work better with WHO departments. The newly established Scientific and Technical Advisory Committee gives the Alliance access to some of the best global thinkers on health policy and systems research, while also ensuring that it remains rooted in the realities of developing countries. However, three areas stand out as being in need of further strengthening.

First, the Alliance Secretariat is currently staffed by a technical manager and two non-technical staff. It is proposed that two to three additional technical staff be recruited into the Secretariat in order to support the proposed expansion of activities.

Second, despite the planned expansion in its capacity, the Alliance Secretariat will continue to have relatively limited resources. It will, therefore, need to collaborate strategically with other stakeholders that share similar goals. In particular, it will work closely with WHO and other global programmes on health research to promote coordinated capacity development.

Third, the more than 300 partner organizations from developing countries, associated with the Alliance, greatly enhance its credibility and legitimacy, but it is not sufficiently clear what these partner organizations gain from the Alliance. During the coming year, the Alliance will consult with its current and potential partners in order to understand better what partners want out of their relationship with the Alliance, how the Alliance can best help them to achieve their goals, and which goals and activities are mutually beneficial.

The challenge

SUMMARY

The fact that weak health systems undermine effective delivery of services and achievement of the Millennium Development Goals is recognized increasingly widely. There is no clear agreement about how to strengthen health systems. The generation of health system knowledge and its application to decision making is critical to achieving health goals. This strategic plan describes how the Alliance for Health Policy and Systems Research will play a key role in addressing this challenge.

Recent research has contributed significantly to our understanding of how good health contributes to macroeconomic growth. This, together with the pandemic of acquired immunodeficiency syndrome (AIDS) and international commitments to achieve the Millennium Development Goals, has triggered an unprecedented scale-up of donor funding to the health sector. Much of the new international funding has flowed into programmes focused on particular diseases or services. As these programmes have started to scale up, however, they have all encountered obstacles posed by weak health systems. Although technologies for saving lives exist, the health systems required to get cost-effective interventions to people in need are failing. In terms of lives lost, the failure of health systems is catastrophic: 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% (1). As recognition of health system constraints has increased, so too has funding for health systems, with new mechanisms such as the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria now setting aside resources for strengthening health systems.

But there is no clear agreement on how these new resources for strengthening health systems should be used. Nor is there a clear knowledge base regarding which strategies are effective at strengthening health systems in a way that supports the scaling up of priority services. Frequently, there is even a lack of common terminology about what is meant by the term "health systems". In the minds of some, health systems appear to be a "black box" and health-systems strengthening a "black hole" capable of absorbing significant resources without any real impact. The contextually specific nature of much health policy and systems knowledge exacerbates the problem: What works

in one place cannot be guaranteed to work elsewhere. The current focus on health systems is, therefore, a rather fragile one: Maintaining this focus requires concrete achievements in the field of health systems that contribute visibly to health gains.

Although the past few years have ushered in a rather tenuous focus upon health systems, a parallel but related process, driven largely by WHO and its partners, has highlighted the dearth of health policy and systems knowledge. The WHO Task Force on Health Systems Research, the Mexico Summit and the work of the Alliance have underscored the comparative neglect of health research that is relevant to developing countries and, in particular, health policy and systems knowledge. This led to the 2005 WHO Executive Board resolution to "engage in consultation with interested stakeholders on creation of a programme in health systems research geared to accelerating achievement of internationally agreed development goals, including the Millennium Development Goals" (2).

The current context therefore presents not only some remarkable opportunities for the Alliance but also some major challenges. Existing capacity to conduct health policy and systems research in developing countries is fragmented and weak, but of even greater concern is the ability of country institutions to take existing health systems knowledge and adapt and apply it to meet their own needs. This issue of country capacity to apply knowledge of health systems to policy debates and operational discussions is of central concern to the Alliance. Without the development of such capacity, countries will continue to be overreliant on reports generated by external consultants that too often miss the mark in terms of relevance or are insufficiently trusted to be able to inform policy. Supporting

the development of national and regional level capacity across a range of institutions (researchers, policy advisors, policy-makers, civil society) that enables a rich local dialogue and evidence-informed decision-making is critical.

The Alliance must urgently demonstrate its effectiveness, in concrete and measurable terms, if it is to capitalize on the present moment of opportunity. Given the scope of the challenge, it must be strategic and selective in the approaches it pursues. It must demonstrate the value of research in improving health systems performance and, ultimately, health outcomes. Further, it must communicate effectively to non-technical audiences what it does and why it matters. Finally, 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.

This strategic plan aims to present the broad directions that the Alliance will adopt over the next 10 years and, in particular, in the next two years, which are viewed as a period of transformation. The broad directions identified here will be elaborated in detailed biennial workplans as part of the routine WHO planning process.

The skeleton of this strategic plan was developed during a retreat of the Alliance Board, Scientific and Technical Advisory Committee and staff of the Secretariat. The elaboration of the plan was consultative, involving a mailing to all partner organizations, posting of the draft plan on the Alliance web site, presentation to WHO staff and further review by Board and Scientific and Technical Advisory Committee members. A list of all those involved in this consultative process is presented in Annex 1.

Objectives and role to date

The Alliance is an international collaboration (*i*) that aims to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries.

Specific objectives of the Alliance are to:

■ stimulate the generation and synthesis of policy-relevant knowledge of health systems, encompassing evidence, tools and methods;

■ promote the dissemination and use of health policy and systems research knowledge in order 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.

The Alliance focuses exclusively on developing countries. Although Alliance activities are coordinated by a small secretariat based within WHO Geneva, most activities are conducted through the competitive award of grants to any of the more than 300 partner institutions in low- and middle-income countries. The Alliance is governed by an independent board, composed primarily of representatives of the interested parties, and receives technical input from the Scientific and Technical Advisory Committee. The Alliance also benefits from the oversight of the WHO Advisory Committee on Health Research.

The Alliance was established in 1999 as an initiative of the Global Forum on Health Research. Since then, just over 50% of the Alliance budget has been spent on small-scale health systems and policy research grants and larger "strategic" research projects around specific high-priority themes. The second

SUMMARY

Established in 1999, the Alliance aims to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. A recent external evaluation emphasized the need to focus more on the research/ policy interface, to clarify and articulate a research agenda and to build true partnerships with institutions in developing countries. Recent increased funding presents an opportunity for the Alliance to begin to intensify its activities.

largest area of Alliance support has focused on building a critical mass of re-
searchers, particularly through grants to strengthen health policy and systems
research in postgraduate degree programmes. Other activities have included
promoting evidence-informed policy and take-up of research findings, commu-
nications, and monitoring and publicizing health policy and systems research,
such as through the biennial health policy and systems research review (*3*).

An external evaluation of the Alliance completed in 2004 concluded that the
Alliance had high ambitions in the context of quite modest resources and that
sometimes this had led it to spread its support too thinly (*4*). The evaluators
recommended that the Alliance:

- increase its emphasis on the research/policy interface;
- expand partnerships, networking and brokering activities;
- build on the 2004 biennial review by mapping out the health policy and
  systems research terrain;
- clarify and articulate a research agenda;
- include a stronger focus on research methods;
- explore alternative fruitful approaches to capacity development.

The Alliance's current income is approximately US$ 3 million per annum,
which covers Secretariat, Board and Scientific and Technical Advisory
Committee expenses as well as grants and activities. This figure represents
a significant increase over previous years' funding, due mainly to a new
five-year grant from the United Kingdom Department for International

Development. The long-term funders of the Alliance have been the Department for Research Cooperation (SAREC) at the Swedish International Development Cooperation Agency (Sida), the Norwegian Government and the World Bank.

A 10-year vision

SUMMARY

In line with the World Health Assembly Executive Board resolution, it has been agreed with WHO that the Alliance will build the foundations for a major international programme on health policy and systems research and will transform itself into such a programme if support is forthcoming. Accordingly, the next two years are seen as transitionary for the Alliance. This section sets out anticipated results and strategies for the Alliance for each of its three objectives and for one organizational development objective.

Alliance funders are keen to support the growth of the Alliance into a major new programme on health policy and systems research, as discussed during the Mexico Summit and ratified in the World Health Assembly Executive Board resolution. The significant increase in funding, together with the propitious environment, provides the perfect opportunity for the Alliance to enter a new, more expansive phase of development. It has been agreed with WHO that during the coming two years, the Alliance will build its own capacity to support a major international programme on health policy and systems research, will develop the foundations and plans for such a programme and, with WHO, will seek to identify funding to support such a programme. If support is forthcoming, then the Alliance will transform into such a programme, if necessary changing its organizational structure in order to support its expanded mission.

Although the Alliance anticipates significant growth in the size of its own programme, it can also be effective as a "broker" or "catalyst". In this role, the Alliance will:

- identify and document innovative and effective practices such as promising strategies to influence policy-making through the use of evidence or new methodologies for systematic reviews in the health policy field;

- share information across the community of stakeholders in health policy and systems research, including researchers, funders, networks and research users;

- advocate for greater investment in health policy and systems research;

- track the development of the field of health policy and systems research.

These tasks form part of the core functions of the Alliance and are discussed separately in "Core functions of the Alliance" on page 24.

Capacity strengthening is at the core of the Alliance's mandate: Most low-income countries have extremely embryonic, sometimes nonexistent, health policy and systems research capacity. Given the pressing nature of many health system issues, over the short to medium term the Alliance will promote investment in multi-country studies that contribute to regional or global knowledge. Such large-scale studies must respond to national policy questions but should be constructed so that they are able to derive results that are generalizable across country contexts. If implemented appropriately, such studies will also help to develop national capacities through South-to-South exchange.

Realistically, what can be achieved in the next 10 years? Against what types of result should the performance of the Alliance be judged in 2016? The following section addresses each of the objectives of the Alliance and outlines the anticipated results and strategies to be pursued over the long term in order to achieve these results.

Objective 1

Long-term results and strategies

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

Result: there should be a demonstrated increase in the production and publication of high-quality, high-relevance health policy and systems research and syntheses by researchers from developing countries in peer-reviewed journals.

The Alliance Biennial Review (*3*) noted that in 2001 only 5% of the publications on health policy and systems research in peer-reviewed journals were on low- and middle-income countries. Furthermore, many of these publications were produced by researchers from industrialized countries. Due to significant funding and capacity constraints, health policy and systems studies are not always conducted to a high standard. The proportion of publications in peer-reviewed journals is not a perfect indicator of quality, relevance or quantity of health policy and systems research, but it is the best currently available. By 2016, the proportion of low- and middle-income country articles (as a total of all health policy and systems research articles) published in peer-reviewed journals should have increased significantly, say from its current level of 5% to 12%.

Strategies

In the short term (see "Alliance strategies 2006-2008" on page 27), the Alliance will focus on leveraging resources to fund original research and supporting synthesis teams and the development of systematic reviews. Over the longer term, however, it is anticipated that additional funding will be secured in order to allow the Alliance (probably working in partnership with other organizations) to launch a series of major multi-country studies that focus on specific research questions. In the future, the Alliance will typically not provide direct support to single-country studies, believing that regional networks are better placed to support such initiatives. Instead, the Alliance will focus upon leveraging funding and supporting capacity development among such regional networks so that they can become regional funding hubs for single-country studies. The Alliance will, however, keep back a small proportion of its funding in order to support particularly innovative, proposals that have the potential to trigger larger investment from other sources.

The Alliance anticipates that it will provide long-term support to synthesis teams in the South and gradually expand the number of synthesis teams with which it works. Although the Alliance will provide core funding to such synthesis teams for a specified period of time, it is anticipated that the teams will increasingly attract funding from other donors for systematic reviews and, therefore, become more financially independent.

Objective 2

Promote the dissemination and use of health policy and systems knowledge in order to improve performance of health systems.
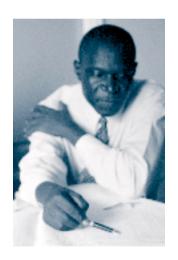
Result: there should be a measurable increase in the use of evidence to inform health policy- and decision-making in developing countries, and by international donors and multilateral agencies, and as a consequence improved policies and improved implementation of policies.

There are numerous instances where health policy and systems research has had a direct effect upon health outcomes or policy- and decision-making at the national or global level. The Tanzania Essential Health Interventions Project demonstrated how strengthening of health systems combined with improved information for district managers in selected districts positively affected health outcomes. Research studies in Thailand played a major role in influencing the development of the universal coverage policy. At the international level, findings from a regional research network were part of the evidence cited by the United Kingdom Department for International Development to support a shift in policy away from user fees (*5*). Although there are many such examples, there are neither established indicators with respect to this result nor defined methods to measure such indicators. The Alliance, working with others in the field (*ii*) and building on existing frameworks, will develop indicators to track progress against this objective and to define a target level of impact to be attained by 2016.

Strategies

In the short term (see "Alliance strategies 2006-2008" on page 27), the Alliance will focus on working with a limited number of countries to support innovative approaches to promoting the dissemination and use of health policy and systems knowledge and will document and assess the effectiveness of its strategies.

Developing a culture of evidence-based policy-making goes beyond the deployment of particular innovative techniques and requires the development of relevant institutional capacity among researchers, knowledge brokers and decision-makers. It is unlikely that the Alliance alone will have sufficient resources in order to make the necessary investments in anything more than a handful of countries. There is, however, already substantial investment in aspects of this sphere, such as the development of health policy units and policy advice teams, by other donors. The Alliance sees its role as (i) identifying and documenting the effectiveness of innovative strategies to support evidence-based policy-making; (ii) engaging with other funders to promote their interest in the uptake of such strategies; and (iii) supporting, on a small scale, innovative approaches as a means to test or demonstrate their effectiveness where other funders are not willing to invest.

Objective 3

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.

Result: there should be increased capacity in developing countries with respect to all steps in the research generation to use cycle, including priority identification, knowledge generation, knowledge synthesis, dissemination and the ability of decision-makers to acquire, assess and apply research.

As part of the proposed capacity development review (see "Alliance strategies 2006-2008" on page 30), the Alliance will, building on existing tools, develop a simple checklist to assess relevant capacities. The Alliance will map out which countries currently have such capacities and set an appropriate target for 2016. For example, it could be stated that at least five countries in every region should be able to demonstrate this nexus of quality research and knowledge use, and functioning health research systems in the area of health policy and systems research, by 2016.

Strategies

The Alliance believes that further thinking is required in order to elaborate its strategy in this area. Accordingly, an immediate step will be the implementation of a capacity development review, which will examine strategies employed to date, both in the health sector and in other sectors, and propose a new path for the Alliance in this area. The Alliance intends to strengthen

its advocacy role with respect to capacity development and to enhance its links with regional actors – particularly regional networks – that are engaged in similar efforts to strengthen capacity in the South to produce, synthesize, disseminate and apply health policy and systems research.

Organizational development objective

Over the next 10 years, the Alliance will seek to transform itself into a Southern-owned and -operated organization.

Result: by 2016, there should be strong Southern ownership of the Alliance agenda and the institutions of the Alliance.

By 2016, the leadership role of the Alliance Secretariat in WHO Geneva should be gradually assumed by Southern partners, either through the establishment of regional networks and focal points for health policy and systems research in each region or through the development of an independent, Southern-owned organization fulfilling functions similar to those that the Alliance now fulfils. This organizational development objective will not be measured against a single fixed indicator but rather according to steps laid out in an organizational development plan, for example identify strong regional partners, establish working agreements with such partners, build capacity for managing Alliance functions, etc.

Strategies

In the immediate future, the Alliance will work to strengthen links with its partners and with regional networks. Once such links are stronger, and there is greater clarity about future funding opportunities for the Alliance (say, around 2008), the Alliance will organize a consultation with these groups about possible paths for the future evolution of the Alliance and map out a long-term organizational development process that will lead to this evolution.

Core functions of the Alliance

In addition to the strategies set out above, there are a number of core activities that the Alliance Secretariat will continue to pursue. These include the following:

Advocacy

Communication is at the heart of the challenge facing the health-systems community, and it is imperative that the Alliance finds ways to communicate effectively what it does and the value of its work. As many other stakeholders in the health-systems community face a similar challenge, the Alliance will pursue its advocacy efforts in close coordination with others, such as the Evidence and Information for Policy cluster at WHO. During the next six months, the Alliance will produce a brief advocacy strategy that will identify target audiences, messages concerning health policy and systems research that it wishes to communicate to these audiences, and the most appropriate way to reach these audiences. The Alliance's advocacy strategy will include documenting and publicizing its own work and mobilizing champions that are articulate advocates for health policy and systems research.

Exchange

Through its web site and newsletter, the Alliance provides a platform for exchange for researchers and users of health policy and systems knowledge throughout the developing world. These services will be maintained, and the web site will be developed further in order to make it more attractive and user-friendly and to introduce a new page profiling different partner institutions. The Alliance will host an annual meeting for all partners participating in the Global Forum annual meeting. Opportunities for other face-to-face meetings, based upon existing regional and international conferences (such as the International Health Economics Association conference), will also be explored. The Alliance will increase its efforts to support information flow about research priorities, shared research interests and ongoing research activities both between partners and between partners and funders.

Fundraising

The survival of the Alliance depends upon its ability to raise money for its work. The Secretariat will proactively scan the funding environment, identifying the interests of individual funders and making funders aware of new opportunities for their support. Donor breakfasts will continue to be held during the Global Forum annual meeting. The Alliance will also selectively seek to engage non-traditional funders in the field of health policy and systems research, such as the Gates Foundation and the Wellcome Trust. Fundraising activities will be ramped up during the second year of this two-year plan period, with the aim of enabling the Alliance to move to a higher level of activity in line with the World Health Assembly Executive Board resolution.

Monitoring the development of the field

In 2004, the Alliance produced its first biennial review, which provided a broad overview of the field of health policy and systems research. A further review will be produced in 2007. This product is the primary mechanism through which the Alliance will provide regular updates on the development of the field. Annexes to the report will include indicators tracking progress against the longer-term goals of the Alliance set out above. The indicators to be used require further development, but the intention is to provide concrete quantitative indicators (and mechanisms for measuring them) against which the development of the field can be tracked.

Alliance strategies 2006-2008

This section presents a more detailed two-year plan that identifies the best entry points to achieve the 10-year vision outlined above. The rapidly changing context and the lessons from the past six years of Alliance experience summarized in the external review indicate a period of repositioning and building strategy and momentum for a further phase of Alliance development. The Alliance has already embarked upon this, particularly through revising its own governance structure. At the end of the two-year period, the Alliance will review and evaluate the strategies that it has employed and determine whether adjustments to its course should be made.

Alliance focal themes 2006-2008

In order to sharpen the focus of the Alliance, and ensure that its work has maximum impact, during the next two years the Alliance will focus on three broad themes. These themes reflect the interests and concerns of the Alliance interested parties and also the needs of decision-makers at country level. The themes are identified in Table 2, along with examples of angles or questions that might be explored within each. The themes will be the focus of Alliance work in the areas of knowledge generation, synthesis, dissemination and use.

SUMMARY

Over the next two years, the Alliance will:

- leverage resources to fund original empirical health policy and systems research through defining research questions in priority areas and promoting rigorous evaluation of interventions for strengthening health systems;

- fund synthesis teams in the South and support the development of systematic reviews and systematic review methodology;

- package syntheses and make them readily available to health system managers and public policy-makers;

- sponsor national processes to support evidence-informed decision-making, including the preparation of issue-focused briefs and deliberative forums;

- undertake a practically oriented review of what key stakeholders would like to see done in capacity development leading to the production of a new capacity development strategy.

Where feasible, this work will focus on three primary themes, namely health financing, human resources for health and the role of the non-state sector.

The themes identified have been proposed previously as priority areas by the Task Force on Health Systems Research (6) and in the Alliance biennial review. The three themes also reflect priority areas for WHO: Within the Evidence and Information for Policy cluster there is a substantial programme of work on human resources as well as the newly established Health Workforce Alliance, and a newly established task force on health financing. An informal working group on the non-state sector also exists. Among disease- and service-specific programmes there is great interest in and substantial work on the role of the private or non-state sector in expanding service delivery. The Alliance will work collaboratively with these other departments and initiatives.

The three themes identified are broad, and as a first step in the implementation of the workplan, research users will be consulted in order to identify specific priority questions (possibly regionally specific) within each theme.

In addition to these three primary themes, the Alliance is already supporting work in two further thematic areas – governance and the impact of global health initiatives on health systems – and this work will continue to completion.

Table 2: Focal themes for the Alliance 2006-2008

Theme	Potential angles on theme	Interested parties and links	Comment
Health financing	Scaling up universal coverage/ financial protection: community-based health insurance, social health insurance, tax financing and hybrid schemes* Fiscal space, promoting predictable health financing Strategies to improve efficiency of health systems	Global: Health Financing Task Force/ WHO, World Bank/International Monetary Fund/WHO National/subnational: Ministries of Health, Ministries of Finance, communities	Health financing is one of the better-researched areas of health policy and systems research, providing greater scope for knowledge syntheses and dissemination
Human resources for health	Evaluation of strategies to promote retention and motivation of health workers* International (and industrialized country) policies on health worker migration* Role of community health workers*, scope for substitution of other health professionals by community health workers	Global: World Health Report 2006, Health Workforce Alliance, HIV/AIDS activists National/subnational: Ministries of Health, Civil Service Commission, professional organizations	Underresearched area, with need for clearer definition of research priorities and impact evaluations of innovative policies now being put in place Alliance research grants in this area completed recently Potentially high returns in terms of informing decision-making
Role of the non-state sector	Evaluation of mechanisms to engage the private sector, e.g. contracting out, franchising, social marketing Innovative approaches to regulation and strengthening country capacity for regulation	Global: WHO informal working group Topic of substantial interest to global partnership/initiatives, e.g. Global Fund and Stop TB National/subnational: Ministries of Health, business coalitions, private-sector provider organizations	Alliance has previously supported work in this area Especially relevant to fragile states, an area of major international concern

*Denotes that this particular question was identified as research priority by the Task Force on Health Systems Research.

Alliance strategies 2006-2008

Objective 1:

stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods

Substantive, multi-country studies will constitute part of the Alliance approach, partly to raise the profile of the health policy and systems research field but also to address some of the burning global health policy issues of today. However, such studies are expensive to mount. For example, the multi-country evaluation of integrated management of childhood illness cost a total of approximately US$ 10 million over a five-year period (7). The Alliance's current income is inadequate to support such large-scale multi-country studies.

During 2006-2008, therefore, the Alliance will focus on identifying research priorities as a means to leverage funding for future substantive studies. Substantial new strategic research initiatives will not be launched unless additional resources designated for this purpose are received. The Alliance, through its partners, will also work on synthesizing existing knowledge.

Strategy 1:

leveraging resources to fund original empirical health policy and systems research

The Alliance will work with knowledge users at the national and subnational level, and closely with departments within WHO, to identify research priorities

within the focal themes. It will work with others – research users and partners in developing countries – to build conceptual frameworks and methodologies and to develop generic proposals for multi-country studies to be distributed to potential funders. The Alliance will map out, in relatively detailed and concrete terms, a series of "best buys" in the area of health policy and systems research. For each "best buy", the Alliance will identify the contribution the research would make to the strengthening of health systems and the achievement of health goals.

The Alliance will also engage funders of health-system strengthening (such as the Global Alliance for Vaccines and Immunization) and recipient countries in discussion about evaluative plans, with the aim of encouraging them to support impact evaluations of particular health systems strategies. The Alliance will promote evaluative work that adopts high international quality standards but that is implemented through national research institutions, providing technical assistance (South-South or North-South) where needed. Alliance work in this area will focus on multi-country studies that offer prospects for generalization of findings beyond the countries covered.

Strategy 2:

funding synthesis teams and supporting the development of systematic reviews

Methods and mechanisms for systematic reviews of medical interventions are well established under the Cochrane Collaboration. To date, however, very little of this work has focused upon the health system and policy questions faced by developing countries.

The Alliance will use competitive processes to identify synthesis teams based in the South and through them support the development and maintenance of systematic reviews focused on the concerns of developing countries. In the first instance, three centres for systematic reviews will be identified to focus on each of the main thematic areas. A further grant will be awarded for the establishment of a methodology centre that will be tasked with building methodologies for systematic reviews that address the needs and concerns of policy- and decision-makers in developing countries. These grants will promote the capacity of developing countries in the field of systematic reviews, help to ensure sustainable mechanisms for the regular updating of reviews, and build mechanisms for orderly access to completed reviews.

This programme of activity will be undertaken in close collaboration with existing centres of expertise in systematic reviews, including both Cochrane collaborating centres and centres with expertise in other types of review.

Objective 2:

promote the dissemination and use of health policy and systems research knowledge to improve the performance of health systems

Over the next two years, the Alliance needs to demonstrate the utility of health policy and systems knowledge through promoting its application in developing countries. There has been much debate about how best to get research findings into policy and practice, but until recently, relatively little experimentation in this area. This is changing slowly. A number of factors increase the chances of research informing policy. These include the nature

of researcher/policy-maker interactions and the timeliness of study findings. Timeliness is, in turn, promoted by engaging policy-makers in setting priorities and ensuring that knowledge is stored in a readily accessible fashion. Factors around the presentation of the research findings are also critical.

Strategy 3:

packaging syntheses and making them readily available to health system managers and public policy-makers

The Alliance will ensure that all systematic reviews undertaken by the teams that it supports are published in user-friendly formats that include one paragraph of take-home messages and two- to three-page executive summaries. The Alliance will also support the development of user-friendly summaries for systematic reviews relevant to developing countries that are conducted by other systematic review teams. Take-home messages and executive summaries will be translated and made available in different languages.

The Alliance will ensure that such packaged syntheses are archived in an easily searchable manner on its web site.

Strategy 4:

sponsoring national processes to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums

The Alliance will, working in a small number of countries, support alternative innovative approaches to evidence-informed decision-making (such as the use

of deliberative forums and the development of policy briefs) and will evaluate the effectiveness of its own approaches.

The Alliance will seek to identify policy- and decision-making opportunities where research evidence can inform country decisions on health policy and systems issues. In particular, it will seek to identify countries that are addressing policy questions that fall within its three theme areas. The Alliance will:

- support local teams of researchers and analysts to prepare policy briefs focused upon the policy issue;

- support national or subnational forums that enable facilitated discussions between researchers, policy-makers, decision-makers and civil-society actors, aiming to ensure that the lessons learned from health policy and systems research evidence are well understood and contribute to decision-making;

- explore the feasibility of establishing a web-based or other sort of rapid-response mechanism, whereby decision-makers in developing countries can request briefs on specific issues;

- work with regional or other networks already engaged in supporting evidence to policy processes, such as the WHO-sponsored Evidence Informed Policy Networks (EVIPNet) and the Regional Capacity for Evidence Based Health Policy (REACH) initiative.

Objective 3:

facilitate the development of capacity for the generation, synthesis, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders

All of the strategies described above will be pursued by the Alliance in a manner that promotes the development of local capacity. The development of capacity, however, is so central to the Alliance's mandate and pertinent to all stages in the research generation to knowledge use chain that it will also be pursued through a separate objective. Capacity-development strategies pursued by the Alliance will focus primarily on low-income countries and will address capacity needs at the institutional and macro (or system) level. The development of individual researcher capacities will be supported only if it constitutes part of a broader institutional development plan.

Strategy 5:

undertake a practically oriented review of what key stakeholders would like to see done in capacity development, and where the Alliance's comparative advantage lies, leading to the production of a new capacity-development strategy

Although there are many possible strategies that the Alliance could pursue in the area of capacity development – from facilitating better knowledge management to developing regional networks – the Alliance recognizes that effective capacity development must be country-led and requires long-term

sustained support that can be expensive. Furthermore, the Alliance is not the only global player with a concern about developing research systems although it is the only one with a focus on health policy and systems research). In terms of capacity development, an approach coordinated with other global players is much more likely to be effective than scattered initiatives.

The Alliance proposes, therefore, to undertake a review and consultation focusing on (i) what its developing country partners feel is needed in this area; (ii) what other actors are already doing; and (iii) what current and future interested parties in the Alliance would like to support. This review would lead to the development of a new capacity-development strategy for the Alliance. It is planned that the review and new strategy will be completed within the first eight months of the strategic plan period and new activities in the capacity development area planned after this.

Although it does not make sense to anticipate the outcomes of this strategy-development process, the Alliance is likely to become more active in an advocacy and watchdog role. Based upon the review, the Alliance will, with its partners, develop guidance on best practices in capacity development in health policy and systems research, which will encompass, for example, how Northern partners and funders work in-country. This guidance will be used to identify and showcase instances of good practice as well as, if necessary, to address poor practices.

Table 3 summarizes the Alliance's objectives, results and short-term strategies.

Table 3: Summary of Alliance objectives, results and short-term strategies

Objectives	Results	Short-term strategies (2006-2008)
Objective 1: stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods	There should be a demonstrated increase in the production and publication of high-quality, high-relevance health policy and systems research and syntheses by developing country researchers in peer-reviewed journals	Strategy 1: leveraging resources to fund original empirical health policy and systems research Strategy 2: funding synthesis teams and supporting the development of systematic reviews
Objective 2: promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems	There should be a measurable increase in the use of evidence to inform health policy- and decision-making in developing countries, and by international donors and multilateral agencies, and as a consequence improved policies and improved implementation of policies	Strategy 3: packaging syntheses and making them readily available to health system managers and public policy-makers Strategy 4: sponsoring national processes to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums
Objective 3: facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders	There should be increased capacity in developing countries with respect to all steps in the research generation to use cycle, including priority identification, knowledge generation, knowledge synthesis, dissemination and the ability of decision-makers to acquire, assess and apply research	Strategy 5: undertaking a practically oriented review of what key stakeholders would like to see done in capacity development, and where the Alliance's comparative advantage lies, leading to the production of a new capacity-development strategy
Organizational development objective: over the next 10 years, the Alliance will seek to transform itself into a Southern-owned and -operated organization	By 2016, there should be strong Southern ownership of the Alliance agenda and the institutions of the Alliance	Strengthen links with Southern partners and regional networks Map out an organizational development path that will make this evolution possible

Getting fit for the challenges ahead

SUMMARY

Over the coming two years, the Alliance will strengthen the Alliance Secretariat;

establish stronger relations with Alliance partners, particularly the users of research; and

develop collaborative approaches with other stakeholders that share similar goals.

Organizational development

During the past 12 months, the Alliance has made critical steps in improving its "fitness" to address the challenges ahead. Specifically, the Alliance has:

- moved closer to WHO and aligned its work programme more closely with that of WHO;

- reconfigured its governance structures through the development of a more streamlined board and the establishment of a Scientific and Technical Advisory Committee (*iii*);

- established new oversight arrangements with the WHO Advisory Committee for Health Research.

These changes have brought significant advantages to the Alliance. Its closer relationship with WHO has brought it greater legitimacy and also positioned it to work closely with departments within the Evidence and Information for Policy cluster and WHO more broadly, thus helping to ensure that findings from research and syntheses contribute to WHO's normative function. The newly established Scientific and Technical Advisory Committee gives the Alliance access to some of the best global thinkers on health policy and systems research, while also ensuring that it remains rooted in the realities of developing countries.

While significant progress in increasing organizational capacity has already been made, two areas stand out as requiring further strengthening. These are the Alliance Secretariat and the relationship between the Alliance and its partners.

The Alliance Secretariat

The Alliance Secretariat is currently staffed by a technical manager and two non-technical staff with responsibilities for finance/administration and communication functions. The profile of work described in this strategy will be more labour-intensive for the Secretariat than that undertaken previously and most probably will require specialist skills. Accordingly, it is proposed that two to three additional technical staff are recruited into the Alliance Secretariat. The Alliance aims to have two such additional staff members identified and recruited by the end of 2006.

The Alliance Board is acutely aware of concerns in the global health community about the growth of staffing in global partnerships and initiatives but believes that this growth in the Secretariat capacity is absolutely essential for the implementation of the proposed workplan and for the Alliance to be able to engage effectively with policy-makers and partners from developing countries.

Alliance partners

The partners of the Alliance, which include researcher and research user organizations in developing countries, are potentially a huge asset for the Alliance. These partner organizations, by linking the Alliance directly to

developing countries, enhance the credibility and legitimacy of the Alliance. To-date, over 300 organizations have signed up to partner with the Alliance. The Alliance has previously collected quite detailed information on the capacity of partner organizations, which has enabled it to speak authoritatively about the challenges facing health systems research institutions in developing countries. For partnership to be effective, however, there needs to be two-way communication: The Alliance's relationship with its partner institutions should be strengthened.

The majority of current partners are researcher producers. As creating a stronger link to research users is a key element of the Alliance strategy over the next two years, the Alliance needs to identify ways in which to engage more country decision-makers as partners. Research users at the country level include not only policy- and decision-makers within ministries of health but also actors at the subnational level (such as district health management teams) and civil society actors (including professional and community organizations and advocacy groups). The Alliance will also consider how best to relate to regional networks and what role they might play in achieving its long-term vision.

During the coming year, the Alliance will consult with its current and potential partners to understand better what partners (both researchers and research users) want out of their relationship with the Alliance and how the Alliance can best help them to achieve their goals. This consultation will be undertaken as part of the broader consultation with partners on capacity-development needs.

Working with others

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

Several other international organizations and partnerships share the goal of promoting capacity for health research in developing countries, although they focus on other aspects of the health research agenda. Links with organizations such as the Global Forum for Health Research, the Council on Health Research for Development, the WHO Special Programme for Research and Training in Tropical Diseases and the WHO Special Programme of Research, Development and Research Training in Human Reproduction can enable the Alliance to be more effective in its capacity-development work and advocacy on the need for health research. There are also organizations that share similar goals but work primarily outside of the health sector, such as the Global Development Network. Establishing stronger links with such institutions will help inform Alliance strategy and, potentially, lead to collaborative work in certain areas.

Many Northern institutions are engaged in substantive programmes of health policy and systems research focusing on developing countries (*iv*). 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. The Alliance needs to ensure, however, that the primary beneficiaries of its activities are institutions in developing countries. The Alliance will collaborate with Northern partners where there are shared interests and take
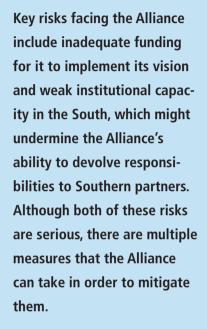
advantage of the technical resources housed in the North, while maintaining a clear focus on the South and proactively seeking to derive support from centres of technical expertise, where they exist, in the South. In many instances, technical support can be South-South rather than North-South, and these relationships between Alliance Southern partners will be encouraged.

Successful implementation of the workplan 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 will be valuable. Links with WHO can facilitate Alliance access to decision-makers in developing countries. 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, most notably the World Bank.

Managing risks

In addition to internal issues, there are risks in the broader environment of which the Alliance must be aware and that must be taken into account in the Alliance's strategy development. These, together with strategies to mitigate risks, are summarized in Table 4 on the next page.

SUMMARY

Key risks facing the Alliance include inadequate funding for it to implement its vision and weak institutional capacity in the South, which might undermine the Alliance's ability to devolve responsibilities to Southern partners. Although both of these risks are serious, there are multiple measures that the Alliance can take in order to mitigate them.

Table 4: Managing risks

Nature of risk	Sources of risk	Measures to mitigate risk
Funding shortfalls for the Alliance	Changes in the global architecture discourage the existence of global alliances in favour of strengthening of major international institutions (see also next row)	The Alliance needs to articulate clearly how its voice differs from those of existing international institutions (e.g. WHO, World Bank), particularly in terms of its ability to represent voices of the South with a concern for health policy and systems research The Alliance needs to establish close ties with existing international institutions in the field of health policy and systems research so that they appreciate its complementary role and support its continued existence
Lack of financial support for health policy and systems research more broadly	Donor attention turns away from health systems Health policy and systems research is not viewed as capable of delivering needed change in developing countries' health systems	To mitigate the risk that donor attention turns away from health systems, the Alliance must work with others in the field to combat the "black hole"/"black box" view of health systems and convince stakeholders of the need to invest in health systems in order to meet national and international health targets The Alliance must continue to focus on strengthening its work in the research to policy interface The Alliance must rapidly establish mechanisms that allow it to remain "in touch" with the needs of developing countries' policy-makers, whether through closer links with partners, WHO or the establishment of a rapid-response mechanism
Failure to transfer ownership and operations of the Alliance to the South	Weak institutional capacity in the South combined with overwhelming nature of existing work means it may be difficult to identify Southern institutions to take over the Alliance's role	The Alliance will work to build institutional capacity in the South and to strengthen its ties with Southern partners The Alliance will need to be flexible in the timing of the transfer of responsibilities from the North to the South, so that adequate capacity exists before responsibilities are transferred

Monitoring and evaluation

To support this strategic plan, a biennial workplan will be developed. The biennial workplan will identify specific tasks under each of the strategies identified above and indicate who is responsible for performing them and by when. The biennial workplan will list process indicators, such as reports produced and grants awarded, to be tracked on a quarterly basis. In addition, the workplan will operationalize more outcome-oriented indicators that will track the impact 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.

Face-to-face board meetings will be held once a year, where the Alliance manager will present annual workplans and detailed reports on performance and expenditure for Board discussion and approval. Briefer quarterly reports will also be provided to Board and Scientific and Technical Advisory Committee members. All such reports will be distributed to all interested parties in the Alliance and will be made publicly available on the Alliance web site.

The Alliance will commission a further external evaluation in 2008 in order to assess whether the new strategies that it is pursuing are bringing about the desired results and whether any amendments to its strategies are necessary.

SUMMARY

The Alliance will use a system of monitoring indicators to report against its biennial workplan and the achievement of results identified in this strategic plan. It will report these indicators to the Alliance Board on a regular basis and will also strive to make all such information publicly accessible.

Budget and financing

SUMMARY

Current funding to the Alliance is US$ 3.4 per annum. The Alliance aims to double this level of funding from 2008 onwards.

During the 2006-2007 biennium, the Alliance estimates that it will have a total income of approximately US$ 6.7 million (including carry-over funds). Of this funding, it is estimated that nearly 60% of Alliance expenditure will go directly to partners in-country in the form of grants for different activities.

By late 2007 and 2008, the Alliance will seek to have raised additional funds that will allow it to expand its programme of targeted multi-country studies and its work on systematic reviews, promoting evidence-based policy-making and supporting the development of capacity in the South. The Alliance aims to seek a new, higher level of funding in the region of US$ 6-7 million per annum. As its plans for the post-2008 period become more concrete, the Alliance will develop a new biennial plan and a menu of budgeted activities that donors could support.

Annex 1

Development and consultation process

This strategic plan has been developed with valuable inputs from many different groups and individuals. Members of the Alliance Scientific and Technical Advisory Committee and the Alliance Board contributed their creative ideas to the development of the document. Many Alliance partners suggested priorities for the Alliance to address during the coming two years. Many senior staff members of the Evidence, Information and Policy Cluster at the World Health Organization contributed to early discussions regarding the strategy, and some provided valuable detailed comments on earlier drafts of the text. In addition, the following individuals generously reviewed earlier drafts of this document or agreed to be interviewed as part of its development: Sam Adjei (Ghana Health Service, Ghana), Anarfi Asamoa-Baah (HIV/AIDS, TB and Malaria, World Health Organization, Switzerland), Garry Aslanyan (Canadian International Development Agency, Canada), Paul Fife (The Norwegian Agency for Development Cooperation, Norway), Sue Kinn (United Kingdom Department for International Development, UK), Haichao Lei (Ministry of Health, People's Republic of China), Paul van Look (Reproductive Health Research, World Health Organization, Switzerland), Di McIntyre (University of Cape Town, South Africa), Frank Nyonator (Ghana Health Service, Ghana), Joy Phumaphi (Family and Community Health, World Health Organization, Switzerland), Rob Ridley (Special Programme for Research and Training in Tropical Diseases, World Health Organization, Switzerland), Tony Seddoh (Ghana Health Service, Ghana), Paul Spray (United Kingdom Department for International Development, UK) and David Weakliam (Irish Aid, Ireland).

Annex 2

Alliance Board members

Fred Binka
School of Public Health, University of Ghana, Legon, Ghana

Barbro Carlsson
Department for Research Cooperation at the Swedish International Development Cooperation Agency, Stockholm, Sweden

Stephen Matlin
Global Forum for Health Research, Geneva, Switzerland

Anne Mills, Chair
London School of Hygiene and Tropical Medicine, London, United Kingdom

Pascoal Mocumbi
European Developing Country Clinical Trials Partnership, The Hague, Netherlands

John-Arne Rottingen
Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Sameen Siddiqi
World Health Organization, Eastern Mediterranean Regional Office, Cairo, Egypt

Annex 3

Alliance Scientific and Technical Advisory Committee members

Irene Akua Agepong

Ghana Health Service, Accra, Ghana

Shanlian Hu

School of Public Health of Fudan University, Shanghai, People's Republic of China

John Lavis

McMaster University, Hamilton, Canada

Lindiwe Makubalo

Department of Health, Pretoria, South Africa

Ravindra Rannan-Eliya

Institute for Health Policy, Colombo, Sri Lanka

Delia Sanchez

Grupo de Estudios en Economía, Organización y Políticas Sociales, Montevideo, Uruguay

Goran Tomson

Karolinska Institute, Stockholm, Sweden

Annex 4
Notes

i   Current interested parties are WHO and its Advisory Committee for Health Research, the World Bank, Department for Research Cooperation at the Swedish International Development Cooperation Agency, the Government of Norway, the United Kingdom Department for International Development and the Global Forum for Health Research, as well as partner institutions in developing countries.

ii   All of the United Kingdom Department for International Development research programme consortia require measurement of an indicator very similar to this. See http://www.dfid.gov.uk/research/contractsawardedhealth.asp (accessed 6 March 2006).

iii   See Annexes 2 and 3 for a list of current Board and Scientific and Technical Advisory Committee members.

iv   For example, such programmes exist at the London School of Hygiene and Tropical Medicine, United Kingdom, the Karolinska Institute, Sweden, the Institute for Tropical Medicine, Belgium, and Harvard School of Public Health, United States of America, among other places.

Annex 5
References

1   Freedman L et al. Transforming health systems to improve the lives of women and children. *Lancet* 2005, 365:997-1000.

2   World Health Assembly Resolution WHA58.34. Ministerial Summit on Health Research. Geneva, World Health Organization, 2005.

3   Alliance for Health Policy and Systems Research. *Strengthening health systems: the role and promise of policy and systems research*. Geneva, Global Forum for Health Research, 2004.

4   Tollman S et al. *An external evaluation of the Alliance for Health Policy and Systems Research*. Geneva, Alliance for Health Policy and Systems Research, 2004.

5   Benn H *Meeting our promises: basic services for everyone, everywhere*. Fourth White Paper Speech, given to UNISON 16 February 2006, citing findings from Equitap.

6   Task Force on Health Systems Research. Informed choices for attaining the Millennium Development Goals: towards an international cooperative agenda for health systems research. *Lancet*, 2004, 364:997-1003.

7   *Recent global health grants*. Seattle, WA, Gates Foundation (http://www.gatesfoundation.org/globalhealth/grants).

Annex 6
Photo credits

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