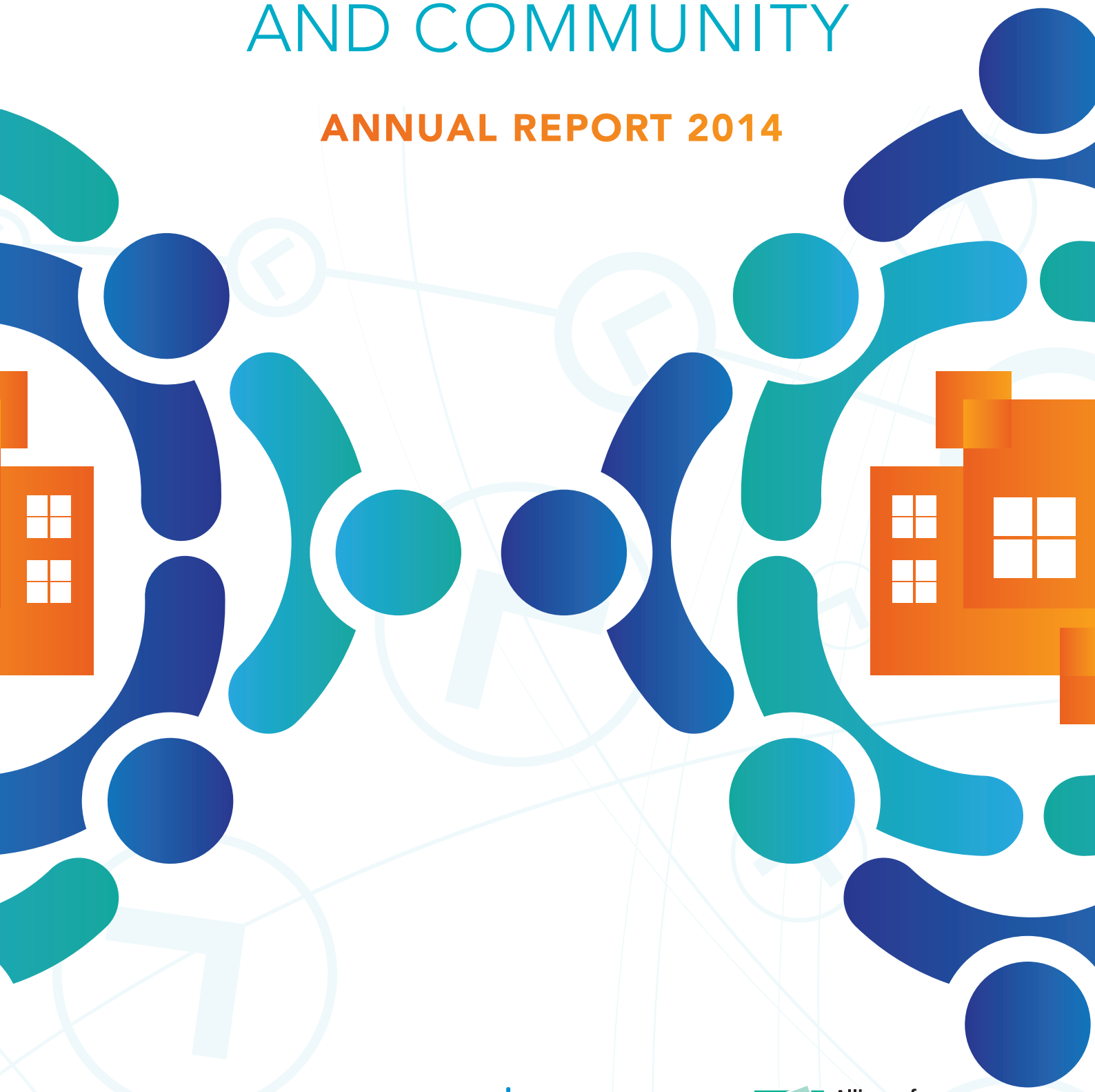
ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

BUILDING MOMENTUM AND COMMUNITY

ANNUAL REPORT 2014



World Health Organization

Alliance for Health Policy and Systems Research

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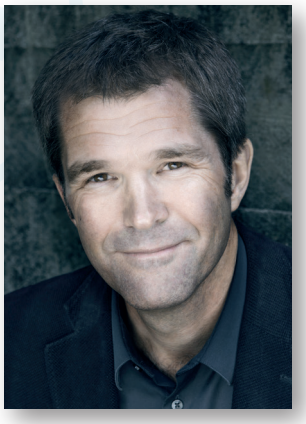
2014 IN REVIEW

In October 2014, nearly 2000 people from 125 countries took part in the Third Global Symposium on Health Systems Research in Cape Town, South Africa, to share and discuss issues that are critical to improving the performance of health systems. Such research was barely visible on the global health agenda until 1996, when the World Health Organization's Ad Hoc Committee on Health Research identified health systems research as an important but neglected field. Now, some 15 years after its inception, the Alliance has achieved recognition as a leader in the field of health policy and systems research.



John-Arne Røttingen
Chair of the Board

Recognition for the field itself has also grown. Important milestones include the three global symposia held to date (each increasing in size and scope), the publication of a strategy on health policy and systems research in 2012 by the World Health Organization and its 2013 World Health Report on research for universal health coverage, pointing to the need for more policy and systems research to inform work towards this goal. A wide range of public health disasters – including conflicts and the current Ebola epidemic – have drawn attention to the devastation that can rapidly develop in countries with weak and fragile health systems. And governments worldwide acknowledge the need for such research to build resilient health systems.

Health policy and systems research is beginning to be valued also by actors who have historically identified with specific disease areas such as HIV/AIDS. Such actors are now turning to systems sciences and applying the methods of health policy and systems research to overcome the common challenges of implementation, integration and sustainability.

Political engagement at the national level is critical to the strengthening of health systems but most changes to health systems occur at subnational levels where district health officers and senior programme managers are largely responsible for the implementation of national policies. Policy and systems research – including implementation research – must be able to respond to the needs of the system. The Alliance has undertaken ground-breaking work here.

The successful Third Global Symposium on Health Systems Research, held in Cape Town, provided an opportunity to showcase many aspects of our work. The Alliance was a co-sponsor, financial contributor and organizer (in

terms both of content and logistics), a true partner of the South African hosts and the new professional society, Health Systems Global, launched just two years earlier at the previous symposium in Beijing. Helping to build up the membership base of Health Systems Global is essential to reaching out across disciplines and continents to include all those who have a contribution to make in health policy and systems research. Our involvement in the Symposium – the coming together of individuals from all diverse world regions and cultures, from many different academic and professional fields, of all ages and levels of experience, many who had already had contact with the Alliance but many others to whom our work was new – exemplified the true nature of the Alliance, as a union, a gathering of partners.

So now that the field has captured the attention of the global health community, the key actors need to demonstrate that they can deliver the potential that they have promised. The Alliance for Health Policy and Systems Research, working for and alongside its host World Health Organization, is committed to cooperating with existing and new partners to explore new directions to inform health policy decisions, drive health care reforms and save lives. It is only by working all together – decision-makers at all levels, researchers, activists, communities and funders – that we can hope to ensure that health systems reap the maximum benefits of such research.

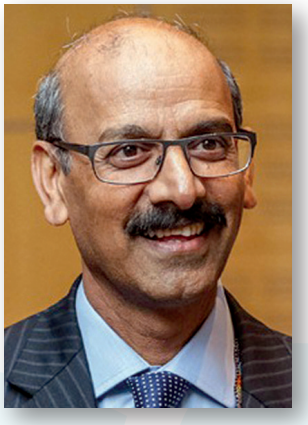
The Alliance is in a unique position, within WHO, to hear countries' needs and, strong in its partners' base, to identify knowledge gaps, set an appropriate research agenda and bring together those who can undertake the work, including decision-makers and implementers responsible for its programming and consequences. Such far-sighted action cannot happen without the trust of all parties and their willingness to push the boundaries of traditional methodologies to include other disciplines and communities or to view the challenges with a systems lens. There is sometimes risk of failure but learning from an approach that has not worked is in itself valuable evidence for others! And when a small investment into an innovative project turns out to be a success, larger commitments may follow.

It is my pleasant task to thank the members of the Alliance Board and those of the Scientific and Technical Advisory Committee (STAC) for their commitment during 2014. They have helped further build the reputation of the Alliance and ensure the quality of its work. Board members Somsak Chunharas and Sania Nishtar have long been hard-working and enthusiastic members of the Alliance family and we shall miss their presence and inputs. We also recognize the valuable contributions over several years of Lucy Gilson, Sooman Kwon and Prasanta Mahapatra who will leave STAC early in 2015 and we welcome newcomers who will bring fresh thinking to the group. We look forward to working together and for the Alliance for Health Policy and Systems Research in the year ahead.

On behalf of the Board as well as in my personal capacity, I also thank the Alliance Secretariat whose members have worked together with renewed vigour and inspiration to achieve excellent results in this past year.

INTRODUCTION

2014 has been an intense and productive year for the Alliance, one in which we experienced a great deal of change, both in the environment in which we work and within the Secretariat, but nevertheless made good progress. Advances in building momentum and community result from broad collaboration and the Alliance is grateful for the support and engagement of like-minded partners.



Abdul Ghaffar
Executive Director

The Alliance continues to work with others, within and outside WHO, to create synergies that minimize inefficiencies and maximize impact but also to encounter fresh thinking and different approaches. The value of the Alliance is increasingly recognized by others in WHO and we have fostered new and strengthened existing relationships with regional offices – including collaborative projects with three regions – as well as with specific departments at headquarters.

The Alliance notably contributes to and complements the overall mission and mandate of WHO, in particular through its efforts to implement the recommendations of the WHO Strategy on Health Policy and Systems Research, *Changing Mindsets*. Much of the work carried out in 2014 focused on decision-makers and engagement with them: how better to understand their needs and the ways and contexts in which to support them through health policy and systems research. This is a constituency which has been difficult for us to reach in the past, hence a series of new approaches aimed at bringing them properly into the research endeavour. From the overwhelmingly positive response we have received from these first approaches, there is every sign that decision-makers will engage in productive collaborations.

In the broader context, the outbreak of Ebola virus has demonstrated beyond doubt the need for resilient health systems and the research required to support them, thus providing the opportunity not simply to talk about strengthening systems but to act to provide evidence to do so. The Alliance, sitting within WHO's Health Systems and Innovation cluster, is well placed to contribute to this work. A systems-thinking approach, and the need for integrating a learning agenda into the process of recovery after such an outbreak, is becoming better understood.

2014 was a year of change within the Secretariat as two valued members of staff moved on: Taghreed Adam and Kent Ranson. Three new staff members have now joined us – Etienne Langlois, Stephanie Ngo and Zubin Shroff – to complete our young dynamic team. We need such talents to help drive innovation which is the path to changes we seek to bring about.

BUILDING MOMENTUM AND COMMUNITY

> I believe that the world and its leaders are finally ready to recognize the vital role played by health systems research.
>
> *Margaret Chan, Director-General, World Health Organization in a plenary video address to the Third Global Symposium on Health Systems Research*

For the Alliance, 2014 has been a year of reflection and **learning, innovation** and **leadership** in developing the field of health policy and systems research. It was an appropriate moment to stop and take time to listen to our stakeholders, learn from what has been done, and boldly try new approaches.

Much was accomplished during the year. Work continued on a number of programmes of work that were initiated in earlier years including grants for implementation research, systematic review centres, leadership development projects, as well as the portfolio of research on access to medicines. The Alliance also launched a number of new programmes: a new implementation research portfolio on results-based financing along with bold new initiatives that put decision-makers firmly in the driver's seat of implementation research. The Alliance encouraged and supported the publication of *Participatory Action Research in Health Systems: A methods reader* led by Rene Loewenson and colleagues.

An important highlight of 2014 and major contribution to the field by the Alliance was the release of the Flagship Report *Medicines in Health Systems: Advancing access, affordability, and appropriate use*. This valuable report addresses a neglected area of research and its preparation has brought together communities of researchers that have not historically worked together, to put forward a common vision.

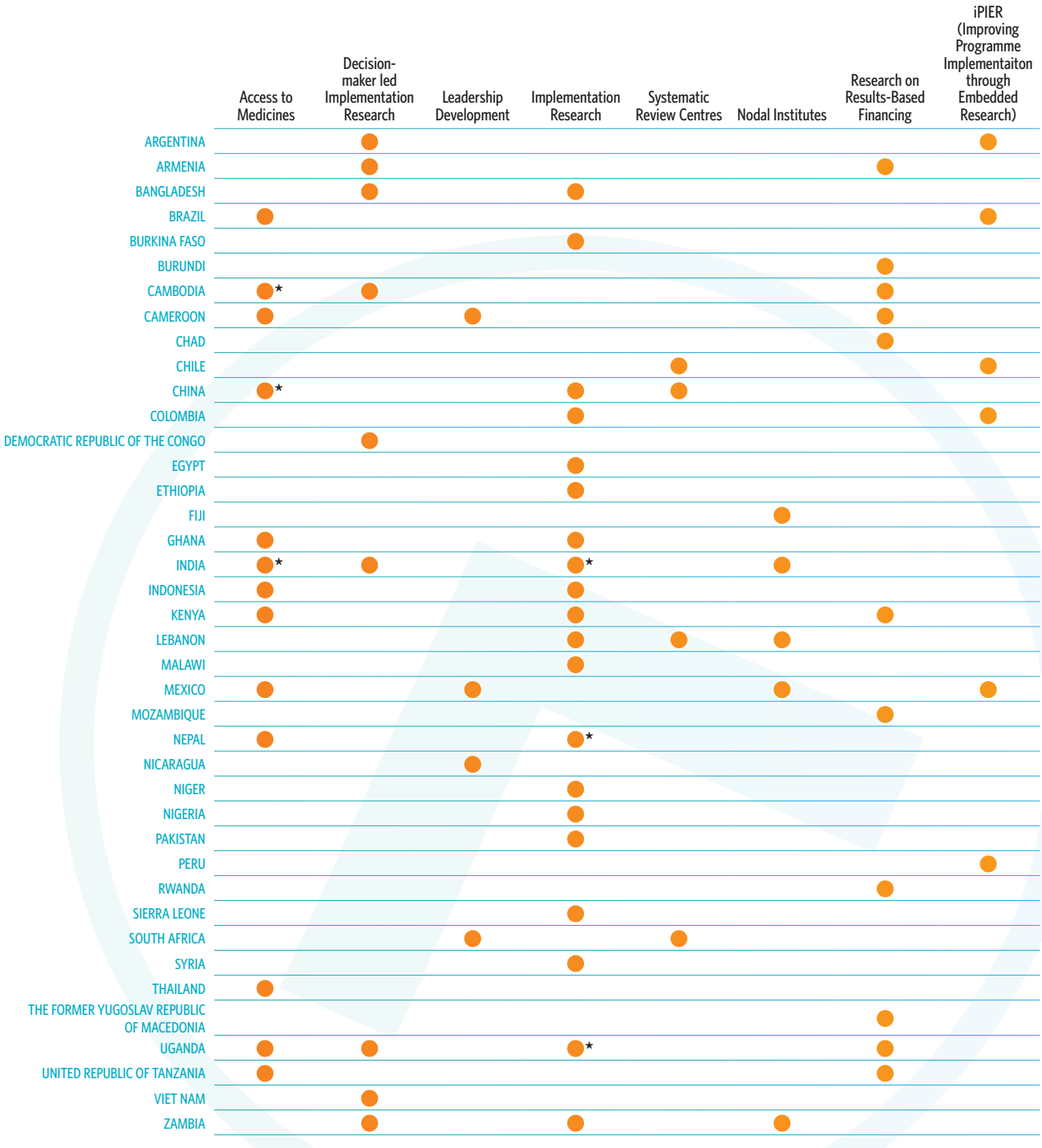
In total, the Alliance supported **more than 80 projects in 40 countries** in 2014. With nearly **US$8 million spent on projects and activities**, this was one of the Alliance's most active and entrepreneurial years to date.

Ultimately, the essence of the Alliance's work is bringing people (with all their knowledge and experience) to improve in particular the health systems of low- and middle-income countries – a focus that found an echo in the theme of the Cape Town symposium: the science and practice of people-centred health systems. In 2014, it has been about fostering collaboration between researchers and decision-makers and empowering decision-makers to engage in the health policy and research endeavour.

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

2014 AT A GLANCE

More than **80** projects in **40** countries



* Multiple projects

LEARNING

An organization that seeks to learn must first listen and reflect: listening to feedback from its collaborators and partners, understanding which activities are proving successful, examining the reasons why others may not be, looking at needs and knowledge gaps, always asking more questions …

This is how the Alliance works: seeking to promote, to facilitate learning within the community. In addition to learning from successes and mistakes, this principle includes sharing such learning, pooling collective knowledge, benefiting from the experience of others and essentially building or strengthening knowledge and capacity. All its activities – its publications, organization of or participation in workshops and seminars, its website and support to projects – are driven by this basic principle: sharing learning and bringing people together to learn.

Members of the Secretariat, governing bodies, partners and grantees published widely during 2014. They authored or co-authored over 50 peer-reviewed articles, in a variety of media including journals, blogs or corporate news, demonstrating the relevance of this work to the broader field of health policy and systems. The reports include lessons about the applications of systems thinking in low- and middle-income countries towards the strengthening of health systems, the value of people-centredness, specific lessons related to the use of evidence and particularly how research, particularly health policy and systems research, can be embedded within decision-making processes. Results of Alliance-funded research and of examples of Alliance thinking were thus made available to a wide variety of audiences in both paper and electronic formats, via the website, in scientific journals, reports and full-length publications.

Important insights from recent work have shown that consistent and systematic use of evidence in decision-making will not happen without an enabling environment and culture of evidence use. What is known as the "embedding of research" (the systematic integration of knowledge-generation activities within the core of health systems) can encourage decision-makers and implementers to take the lead in directing research to meet their own needs. Much of the work on embedded research (see Innovation) is aimed at supporting the learning capacity of health systems.

An example of learning about the engagement of policy-makers comes from one of the regional nodal institutes that were created in an effort to expand the reach and impact of work at the regional and country level.

In mid-2014, the Public Health Foundation of India convened a meeting to develop "KEYSTONE", a national capacity-building initiative for health policy and systems research in India, involving 12 partner institutions in India and other global experts. In that context, the Foundation hosted a seminar entitled "The future of health policy and systems research in India: Knowledge for systems transformation," attended by over 200 participants from public health, development and academic institutions. The policy dialogue included decision-makers at the highest national level (such as the Secretary of Health and Family Welfare, Lov Verma, and the Secretary of Health Research, Vishwa Mohan Katoch), together with activists and researchers with social sciences, economics/management and health systems backgrounds.

Another example from Mexico describes what types of evidence/information decision-makers need and how the Alliance can support the development of their capacity.

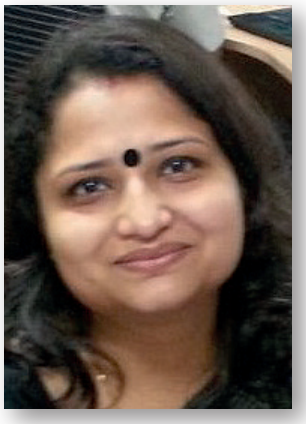
The National Institute of Public Health in Mexico (Instituto Nacional de Salud Pública) is applying implementation research to support the scale-up of maternal health programmes for underserved populations. One of the most compelling aspects of implementation research is its capacity to engage front-line practitioners, drawing on their knowledge and perceptions to inform policy design. Victor Becerril Montekio, coordinator with the Institute's Knowledge Management Unit, is leading a research project that aims to use what doctors and nurses have to say about running the programmes in which they work to inform policy – but the challenge is to turn their perceptions and personal opinions into knowledge/fact. Becerril's team is attempting to refine opinions through different crowd-sourcing activities until they become robust enough to be accepted as evidence and also to establish a community of practice of volunteer respondent practitioners. Among interesting preliminary findings is the impact of cultural factors on the implementation of the maternal health-care programme, particularly with regard to antenatal and postnatal care. Comments from practitioners claimed that the "cultural level of women coming into the clinics is very low". That practitioners used this expression rather than talking about cultural differences might well indicate why there might be a poor uptake of service in such circumstances.

Learning from support to projects should not solely take the form of peer-reviewed publications that the projects generate. The (softer) experiential learning contains its own lessons that also include valuable lessons. New, flexible approaches are needed when decision-makers become implementers and the research process and even study designs may change – but for the better. This may not be an easy process but the results can be impressive.

> The practitioners themselves can see why these recommendations have been made and they are thus more likely to buy into them. Instead of just feeling that they have to obey orders that are coming from above, now they can formulate things in such a way that makes sense to them, that comes out of their own experience. At one level, it is a matter of empowerment.
>
> *Victor Becerril Montekio, National Institute of Public Health, Mexico*

The Alliance oversaw a project focused on implementing community-based maternal and child health care in the slums of Delhi. Dr Suparna Ghosh-Jerath and her team set up the Ante Natal and Child Health Care in Urban Slums (ANCHUL) project, to boost awareness of health issues and encourage mothers to make use of local primary health care facilities. One of the biggest challenges was to find a way to carry out an extensive research project without disrupting the work already going on in Delhi's slums. Urban development and public health issues fall within the purview of multiple state departments in India and project planning and implementation involves interaction and engagement at multiple levels. The ANCHUL team met with policy-makers to discuss the research, explaining that the goal was to work hand-in-hand with the government to develop a serviceable model for urban slums. There followed was a period of continuous engagement between the ANCHUL team and the health authorities, leading to an iterative development of the project. This pushed back deadlines but also helped the team evolve a model that was not only more scalable but also of greater interest to the authorities. The result was something the government could adapt to fit into the existing health frameworks, thus improving the change of government buy-in, which was essential for the successful translation of the research plan into action.

> We have found a model that works within the existing system, supports human resource development and delivers better services for the community. This has been a learning process for us and I think that our understanding has become more practical. For me, this evolution itself is what implementation research is all about.
>
> *Suparna Ghosh-Jerath, Indian Institute of Public Health, India*



The example from the Delhi slums is a story from a researcher. In addition to generating research evidence, the project in which she was involved highlighted the insights and perspectives of her colleagues and others working at the front lines of a health system. But the story shows more: It shows that, given the right environment, it is possible to tap into a researcher's tacit knowledge and experience, thus contributing to learning far deeper than a perspective from a particular country or situation/circumstance. The Alliance is trying systematically to document and share this type of experience and lesson through interviews and direct personal exchanges with researchers.

Sometimes the Alliance needs to take the lead in finding answers to difficult questions. Two expert consultations on capacity development were initiated in 2014. The first, in March, brought together deans of schools of public health to discuss how to build institutional capacity for health policy and systems research in low- and middle-income countries. The main learning was that, in addition to training and support for individuals, it is time to address institutional incentives and research funding, taking a holistic approach. The second, in November, examined what is known about capacity development, reviewed existing mapping exercises and initiatives, identified gaps in current approaches and considered the Alliance's appropriate role and strategies to address selected gaps identified. Results will point the way to a new portfolio of work for the Alliance.

In September the Alliance co-sponsored a workshop that considered various approaches to supporting the use of evidence in health policy and management decision-making. It was an important step for different units within WHO headquarters to collaborate, learn from each other and to harmonize their work towards greater synergy. Other groups taking part included the Evidence Informed Policy Network (EVIPNet), TDR – the Special Programme for Research and Training in Tropical Diseases, the Department of Nutrition and Human Development and the Ageing and Life Course Department. Discussions highlighted different types of evidence needs, the different ways in which evidence is used and the challenge of evaluating use of evidence – recognizing that use of evidence is only one part of the decision-making process. The role of the Alliance within WHO includes facilitating learning there: sharing with WHO colleagues an understanding of the complexity of this area of work and the measurement of its impact has better positioned the Alliance to participate further in implementing the strategy on health policy and systems research.

The Alliance partnered with Johns Hopkins Bloomberg School of Public Health to organize discussions among 25 participants representing 12 institutions from sub-Saharan Africa, South-East Asia, the Middle East, Europe, Latin America and North America. "A key aspect of health policy and systems research is that the question dictates the research design, unlike some other public health disciplines where research is often defined partly by the research methods." Participants underlined the multidisciplinary nature of this type of research as it strives to answer questions about how health systems function and [understand] the many components and linkages between them that affect health outcomes. There was significant enthusiasm for establishing a network of institutions (including those present) to build upon the relationships that were established through the consultation as well as provide a structure to accomplish its recommendations.

> In Zambia, the university has been focusing on trying to make its research relevant to the needs of the health system and to recruit and train people who are going to be committed and valuable contributors to research and practice. The metaphor of a ladder is used to build steps so that researchers can climb it – starting as early as undergraduate education – and then support and mentor others to follow behind them. Currently this process of helping others grow and build teams and collaborations is often missing (and even disincentivized) in academia.
>
> *Fastone Goma, Dean, School of Medicine, University of Zambia, Zambia*

ACHIEVING IMPACT IN 2014

MEXICO

Leadership Development

The communities of practice (CoP) of programme implementers have resulted in the redesign of information dissemination practices as well as the development of targeted campaigns to increase the usage of antenatal care services. The facilitated exchanges through this CoP have also contributed to changes in the way that information flows within programmes – so that the perspectives and insights of front-line workers are considered when strategic decisions are taken.

BRAZIL

Access to Medicines

As a result of the close engagement of decision-makers in a study on the subsidies for generic drugs through the Farmacia Popular, the early outcomes of this work have already stimulated discussions within the Federal Ministry of Health about the utility of data on medicines and medicines use, as well as the need for greater linkages across the multiple databases.

NIGER

Implementation Research

Discussions are under way on how to institutionalize the spread of best practices for strengthening of 'active management of third-stage labour' (AMSTL) that are being used by the project to prevent maternal deaths. In addition, the Ministry of Health has secured funding from the Belgian Development Agency to expand this work in all referral hospitals using an approach based on the learnings of the Alliance-funded project.

NIGERIA

Sponsoring National Processes

The Federal Ministry of Health has set in place a mechanism to develop a National Health Research Policy document on a routine basis that would inform research priorities in the country. The National Academy of Sciences (supported by the Alliance) was a key participant in deliberations leading to this important outcome. At the state level, the Lagos State Ministry of Health has established a mandate requiring that all programmes funded by the government be justified and/or supported by data as a result of this initiative.

through investments in **PEOPLE** and **INSTITUTIONS**

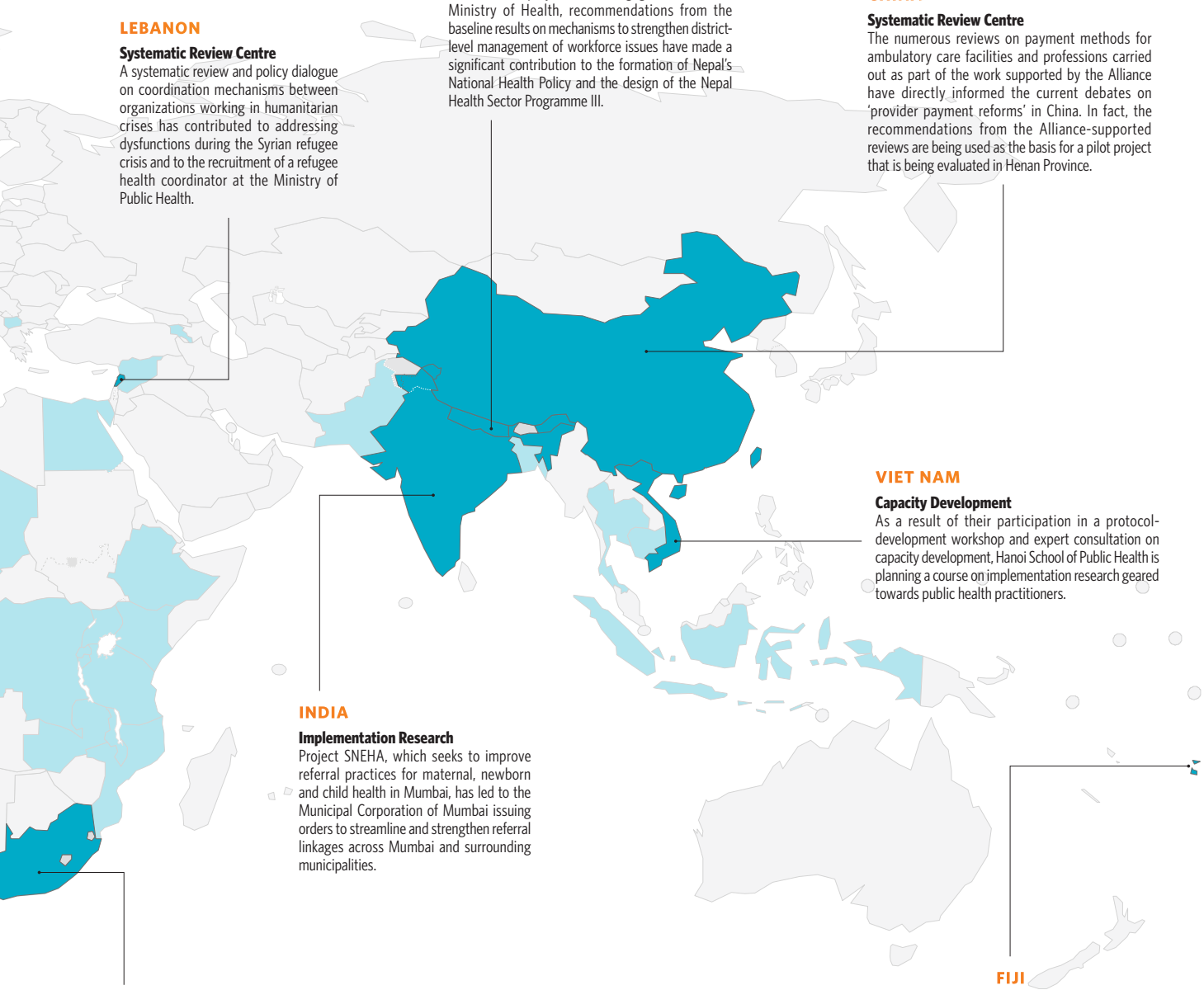
258
researchers undertaking Alliance-funded studies in low- and middle-income countries (LMICs)

51%
of researchers undertaking Alliance-funded studies in LMICs are women

555
decision-makers in LMICs sensitized to use of evidence in health systems decision making through Alliance-supported activities (since 2012)

23
new/revised policies, programmes or practices informed by Alliance-funded research findings (since 2012)

511
researchers and decision-makers in LMICs involved in Alliance-funded short-term training and fellowship programmes (since 2012)



LEBANON

Systematic Review Centre

A systematic review and policy dialogue on coordination mechanisms between organizations working in humanitarian crises has contributed to addressing dysfunctions during the Syrian refugee crisis and to the recruitment of a refugee health coordinator at the Ministry of Public Health.

NEPAL

Implementation Research

Based on the project's close engagement with the Ministry of Health, recommendations from the baseline results on mechanisms to strengthen district-level management of workforce issues have made a significant contribution to the formation of Nepal's National Health Policy and the design of the Nepal Health Sector Programme III.

CHINA

Systematic Review Centre

The numerous reviews on payment methods for ambulatory care facilities and professions carried out as part of the work supported by the Alliance have directly informed the current debates on 'provider payment reforms' in China. In fact, the recommendations from the Alliance-supported reviews are being used as the basis for a pilot project that is being evaluated in Henan Province.

VIET NAM

Capacity Development

As a result of their participation in a protocol-development workshop and expert consultation on capacity development, Hanoi School of Public Health is planning a course on implementation research geared towards public health practitioners.

INDIA

Implementation Research

Project SNEHA, which seeks to improve referral practices for maternal, newborn and child health in Mumbai, has led to the Municipal Corporation of Mumbai issuing orders to streamline and strengthen referral linkages across Mumbai and surrounding municipalities.

SOUTH AFRICA

Leadership Development

The peer exchanges and collaborative work on reviews supported by the project have contributed to the current policy debate related to decentralization of ARV initiation and management with respect to the 2014 Western Cape Prevention of Mother-To-Child-Transmission of HIV Guideline.

FIJI

Nodal Institutes

The Pohnpei Provincial Health Department has collaborated with the Micronesia sub-node to evaluate primary healthcare coverage in Pohnpei. The recommendations in the report produced by this project are currently are being evaluated by the US State Department as a potential source of policy guidelines for US support to the Pacific Islands in healthcare.

21
Alliance-funded policy dialogues, decision-making fora and networks with active collaboration/interaction between decision-makers and researchers (since 2012)

47
products specifically designed for decision-makers and made available to them (since 2012)

214
Alliance-funded reports, briefs, and peer-reviewed publications

100
national and international conferences where Alliance activities and products were discussed or disseminated

28
Alliance-supported publications cited five or more times by others

INNOVATION

There is an urgent need for implementation research that is led by those implementing health-service delivery and informed by their need to solve the problems they face on a daily basis. Our collaboration with the Alliance for Health Policy and Systems Research has helped us to begin to respond to this need by marrying our strength and networks in countries and in guiding implementation with the Alliance's world-class expertise in soliciting, reviewing, selecting and supporting implementation research proposals and their own extensive networks of health systems researchers.

Kumanan Rasanathan, UNICEF, New York

The second key attribute of the work of Alliance in 2014 has been innovation – a convenient buzz word for some but one that well suits the Alliance's mandate, working in the global public interest.

When learning is inadequate to provide solutions to a problem or suggests leads that could radically change an approach, the Alliance employs innovation as a deliberate strategy. For instance, how can we best take proven interventions and implement them in the real world? We are still learning how to do this but the emerging field of implementation research is now recognized as one way forward, all the more so when frontline health workers can be involved in the identification, design and conduct of the research undertaken.

The year started with the launch of a bold initiative, carried out in collaboration with UNICEF, to support research that is embedded within decision-making processes. The idea, in fact, was born of lessons learned from previous experiences in supporting implementation research, led by researchers, which did not always yield the hoped-for results. The new concept was to work rather with decision-makers and implementers as leaders of the research process.

Two aspects of this initiative were unprecedented. First, it targeted decision-makers as the principle investigators rather than researchers themselves. These decision-makers, directly involved in the implementation of health interventions, were programme managers, district health officers, practitioners, frontline health workers. Second, it resulted in over 200 responses, demonstrating without doubt the interest and motivation among decision-makers at all levels of the health system to be directly engaged in this research. Ten proposals from countries with a high rate of child mortality were chosen to be funded and will report their findings in 2015. But already this has been seen as a promising new pathway to understand and help remove the blockages between research and practice.

Going even further than this concept, the Alliance also launched a new stream of work aimed at improving programme implementation through embedded research **(iPIER)**, in collaboration with WHO regional offices, starting with that of the Americas. The initiative is designed to develop the implementers' capacity to identify implementation barriers and opportunities that can be appraised by research and to facilitate the process of iterative improvements by implementers and researchers working together. This is a new approach, moving away from supply-driven to demand-driven research, moving away from conventional thinking and seeking new approaches. Embedding research in this way empowers decision-makers to be involved directly in gathering evidence that will inform decisions to improve the implementation of programmes for which they are responsible.

Eight research teams, led by implementers from Argentina, Brazil, Chile, Colombia, Mexico and Peru, took part in a protocol-development workshop in December 2014 and initiated a community of practice on embedded implementation research in the Americas. Dr Mario Drizun, Minister of Health of the Province of Santa Fe, Argentina, where one of the projects will be implemented, took part in the workshop and strongly supported the iPIER programme which "allows for the analysis of barriers and facilitators on the process of decentralization and regionalization of the public health system ... specifically in the area of perinatal care. This will foster a health system that promotes universal health coverage and equity for all citizens of Santa Fe."

Going further, a different example of embedded research comes from the Indian state of Haryana where the Alliance is working in the 23 districts to help develop the capacity for data use of district health officers. In this case, 'data use' includes strengthening the decision-making processes within the districts so that data may be analysed and appropriately used at district level, not merely gathered and forwarded to the state. Data use is also intended as an entry point for identifying implementation research questions. The aim is not only to develop the capacity of those decision-makers, the district health officers. It is to examine how their management and decision-making processes are designed that determine whether data is used or not. Embedded research is not simply a question of addressing the capacity of decision-makers or facilitating a transfer of knowledge but rather of trying to change processes within the system so that research becomes an integral part of decision-making. This is the true innovation of embedded research: it recognizes and addresses the system as a whole, trying to create a new model for system processes.

Sometimes promoting such new approaches means taking risks; it is simply not possible to continue doing things in the same way. In order for the field of health policy and systems research to grow, the organization is willing to push the limits of accepted research and take (considered) risks. This principle has enabled the Alliance itself to experiment and to grow. It does not claim to have all the answers but is committed to finding the right ones, always working in the public interest. Both successes and failures are evaluated, using each opportunity to learn and build on experience, sharing these with others. Even an unsuccessful experiment provides useful knowledge. The Alliance is here implementing a key recommendation of the 2012 Strategy on Health Policy and Systems Research *Changing Mindsets* to "embed research within decision-making processes, " also supporting the call for closer collaboration between researchers and policy-makers made in the 2013 World Health Report *Research for Universal Health Coverage*.

Another area of innovation involves identifying and supporting new areas of work that are needed – where current knowledge is inadequate and/or no-one is active. Such research on critical gaps, leading to identifying priorities and setting the research agenda is another area of interest to the Alliance. In the field of **results-based financing**, for example, much work has been done on the impact of initiatives but very little is known about how these approaches are being implemented and integrated into existing health systems. Countries are

> This training is not only beneficial for those who want to have a career in research. Students preparing to enter public health practice – those who will become practitioners and decision-makers – also need to be sensitized and oriented towards the use of policy and systems research as an integral part of their work.
>
> *Ha Thi Bui, Dean, Hanoi School of Public Health, Viet Nam*

facing a new set of challenges when they want to scale up successful schemes and implement them nationwide. The Alliance has created a new programme of work to support countries in meeting these challenges. Analytical case studies have been commissioned on initiatives in selected low- or middle-income countries that can improve understanding on what factors help or hinder this transition and what can be learned from country experiences. This is an important piece that is missing from the body of knowledge and the Alliance is helping to fill the gap, working with the WHO Department of Health Financing and Governance and the World Bank. As with other projects, the Alliance is ensuring the relevance of the work to decision-makers by involving them as key members of the research team. Results are expected in late 2015.

Results of the call for case studies taking results-based financing from scheme to system (implementation research) were announced in July 2014. Eleven grants were made to researchers in Armenia, Burundi, Cambodia, Cameroon, Chad, Kenya, Mozambique, Rwanda, The former Yugoslav Republic of Macedonia, Uganda and the United Republic of Tanzania.

The Alliance has been working for several years with IDRC (International Development Research Centre in Canada) and the Rockefeller Foundation on a consultative priority-setting project. In 2014, this culminated in a research initiative to understand how non-state providers can contribute to universal health coverage goals and how best to engage with them. This work is important because it seeks to fill a gap in knowledge that prevents best use of resources. Governments in many countries can no longer be considered the sole or principal provider of health care; there is increased recognition of the role of non-state providers in the health systems of low- and middle-income countries as well as rapid expansion in their numbers.

Working with different types of organizations (as in the example above) within the research context, involving in the actual research design and process players whose traditional role is at the receiving end of research results (the implementer of a project, the user of a service), trying out new, sometime unconventional approaches, moving on from inadequate knowledge, assuming the risks of failure in supporting new ideas – these are examples of the way in which the Alliance is prepared to lead through innovation and to support innovation in others.

LEADERSHIP

In 2014, the Alliance has continued to provide a platform for multiple and varied actions to promote health policy and systems research, both alone and with partners. It recognizes that it is one of many players, each with its own role.

The Alliance is not an implementing agency; it does not have the resources that many funding organizations do but it can help leverage those resources by working in partnership. It offers new thinking. It can act speedily. It can help set agendas. It can encourage a different approach, perhaps more sensitive to the needs of decision-makers. It is not afraid to challenge conventional wisdom when an innovative proposal merits this. It has become a thought leader, respected by large and small organizations from all regions. The Alliance Secretariat is frequently consulted for advice on large international projects and its members sit on key steering committees and commissions.

For example, when the Wellcome Trust together with the UK Department for International Development, Medical Research Council and Economic and Social Research Council were in the process of developing a major £15million joint call to support health policy and systems research, they engaged with the Alliance for input on how the call should be structured and invited the Secretariat to be represented on the steering committee responsible for identifying proposals for funding. Similarly, in Canada, the International Development Research Centre has sought the expertise of the Alliance in selecting proposals on implementation research.

> Implementation research is critical to achieving the US Government's health and development objectives. The Alliance has been an early and important champion of implementation research and, working with the World Bank, USAID and other stakeholders, is a key ally in forging a partnership globally to increase the use of this research at country level.
>
> *Neal Brandes, Bureau for Global Health, U.S. Agency for International Development, USA*

The major gathering on the health research agenda in 2014 was undoubtedly the Third Global Symposium on Health Systems Research of which the Alliance, together with WHO, was a co-sponsor. That commitment included a financial contribution, programme development, support to the local organizing consortium and promotion of the meeting – making sure that key representatives of the broad range of stakeholders in its own community, particularly from low- and middle-income countries, were properly informed and, wherever possible, able to take part.

The Alliance was heavily involved in other contributions and, for instance, commissioned a special issue of the open-access journal *Health Research Policy and Systems* called **Advancing the application of systems thinking in health**. That publication was supported by the Canadian International Development Research Centre, as was a supplement of *Health Policy and Planning* also especially prepared and launched at the Symposium and given the title of its theme: **Science and practice of people-centred health systems**.

> Pharmaceutical policies in systems working towards universal health coverage need continuous adaptation to shifting system environments, such as changing demographics, disease epidemiology, treatment approaches, and political and economic realities. Continuously evolving policies and programmes should be informed by the best available evidence of what works, for whom, how and why, in a given situation, at a given time.

Anita Wagner, Harvard Medical School, USA

Medicines in Health Systems: Advancing access, affordability and appropriate use, the Alliance's flagship report, was also launched in Cape Town. Produced in collaboration with WHO's Department of Essential Medicines, the report addresses current gaps and challenges in the medicines field, promoting new thinking and leading the dialogue on critical issues related to access to medicines. Through the use of country case-studies, the Report evaluates the stated goals of medicines policies against their actual outcomes and implementation challenges. It also offers guidance and recommendations to inform, monitor and appraise the inevitable reforms required to increase the availability of quality-assured, cost-effective medicines in resource-poor settings.

In its work on access to medicines, begun in 2010, the Alliance has sought to fill a significant research gap: there were very few papers or initiatives on health policy and systems research focused on medicines, a topic absent from both the Montreux and Beijing symposia. At the end of 2014, research teams from Brazil, Cambodia, Cameroon, China, India, Nepal and Uganda have completed the first year of their work and almost all shared first results in Cape Town.

Already the Alliance has understood the need to invest further in building capacity for applying health policy and systems research methods to the medicines field, rather than only traditional approaches (such as studies of price, availability and rational use). This is indeed a new field of research, bringing together researchers across disciplines who can make useful diagnoses from a new approach. In some countries, for example, existing information on medicines is critically underused. Multiple databases exist in different parts of the health system, populated with data collected by different stakeholders, not linked to each other and not used for evaluation of interventions or decision-making.

In Brazil, the research team has worked on acquiring, cleaning and linking existing databases. Their presentation to the Ministry of Health has triggered much interest from decision-makers who see for the first time how the amount of data collected and stored in national databases can be used to reflect on past policies – in this case, to study subsidies for generic drugs for noncommunicable diseases through the Farmacia Popular.

Throughout 2014, the Alliance engaged with USAID, the World Bank Group and a wide range of stakeholders on a series of global consultations on issues related to the conduct and use of **implementation research and delivery science**. Discussions culminated in a statement and call to action also launched at the Symposium. Three consultative meetings were held during 2014 and a synthesis session during the Symposium which resulted in a statement and call to action.

Implementation research and delivery science (IRDS) is a type of health policy and systems research that draws on many traditions and disciplines of research and practice. It builds on operations research, participatory action research, management science, quality improvement, implementation science and impact evaluation. IRDS requires flexible designs to account for the changing contexts and interventions. IRDS may involve simple methods that implementers can use to identify and apply to solve problems. It may also involve more sophisticated research designs and specialized analyses to explain how and why a policy works, how best to scale a program, or how to introduce and expand an innovation.

The leadership role assumed by the Alliance in the development of the WHO Strategy on Health Policy and Systems Research reflects an important shift in the evolution of the Alliance and the linkage with its host organization. With the growing maturity and reputation of the Alliance, it is now appropriate for the organization to seek greater alignment and complementarity with WHO. In this role, the Alliance can lead the way in demonstrating that knowledge generated and used within health systems includes not only evidence from researched but also learning from experience.

Clearly, 'changing mindsets' was not simply the title of a breakthrough report but a call to action for the Alliance for Health Policy and Systems Research. The organization accepts its role as a thought leader in its field, with responsibilities towards partner organizations, donors, peers, researchers of all ages, experience and sectors. It has worked hard in the past twelve months to bring about recognition of the importance and value of health policy and systems research, to explain how it should be embedded within decision-making processes and emphasize the importance of decision-makers as collaborators in the research endeavour.

New approaches can take time to be adopted but characteristics of the Alliance include perseverance, patience and building on results. It is not enough that small-scale interventions work in a high-income country setting – far from it. In all its calls for proposals and invitations to participate, the Alliance focuses on including expertise and knowledge in the local setting where the research results will have particular value. A programme of work can provide opportunities for strengthening programmes, policies and methods and can enable researchers and implementers to see how systems-thinking approaches, for example, can be applied to their own health systems' needs.

Sometimes the results of investments are not immediately obvious. The Alliance continues to discover the impact of past actions, well beyond the end of support to the project and possible date of return. For example, ICDDR,B has just announced a new five-year grant from the European Union for a project to support evidence-informed public health policy-making in Bangladesh. The project builds on earlier work supported by the Wellcome Trust and the Alliance for the establishment of a 'research policy communication cell' and a systematic review centre. Providing support for a country's needs and the successful implementation of the original project has led to recognition of its value and support for expansion.

> This is the first time that I, as a decision-maker, was given the opportunity to lead a research study and it has been a great experience for all of us who are involved in the work. Above all, it has highlighted the tremendous value of this type of research in helping to bring about changes in our health system.
>
> *Flavia Raineri, Buenos Aires Ministry of Health, Directorate of Maternal and Infant Health, Argentina*

LOOKING FORWARD

A Cape Town Statement crafted during the Symposium and approved by participants in the closing session set out principles for further engagement and the venue for a fourth gathering of the global health systems community in 2016 was announced as Vancouver, Canada. The Alliance will help drive this global movement.

What does 2015 hold in store? The Alliance has considered and will shortly publish the report of its external review held in 2014. It will take this report into consideration in work on its next strategic plan, also learning the lessons from recent experiences, listening to feedback from stakeholders and partners and defining priorities for action. The increasing uncertainties of today's world, including the shift from the period of Millennium Development Goals to that of Sustainable Development Goals, will require focus yet flexible approaches that a small and nimble organization like the Alliance can adopt.

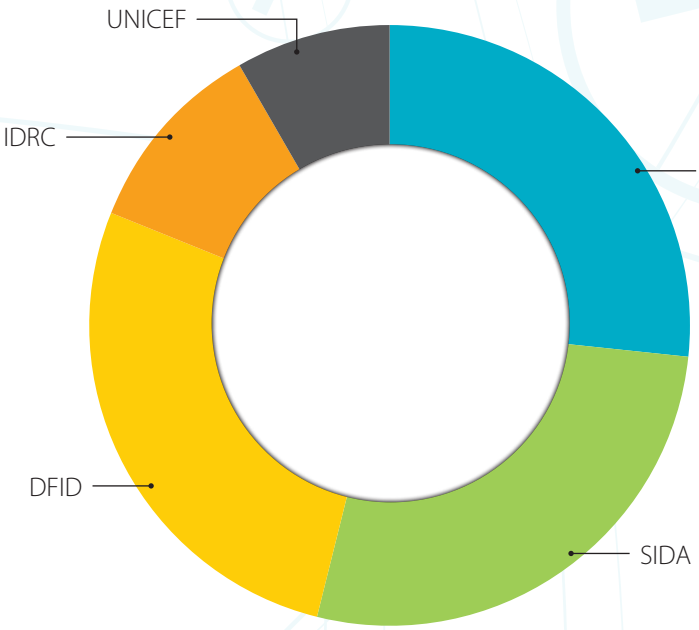
Building momentum and community in the field of health policy and systems research sums up 2014: true to its principles, the Alliance has reflected on its results and learned from them, it has boldly led the way with pioneering research approaches and has worked to help set the global agenda. The Alliance is proud of its accomplishments, but not complacent. Its Secretariat closes 2014 with the following messages to key constituencies and looks forward with enthusiasm to working with old and new partners to continue its mission.

- To researchers involved in health policy and systems work: decision-makers need to be part of the research process too, not simply passive recipients of research evidence.
- To decision-makers and implementers: you have a legitimate claim to be part of health policy and systems research; you should, in some instances, actually drive the process.
- To funders of research: you have an important role in changing the current paradigm of health policy and systems research. Most credible results take time to achieve, so one needs long-term support and possibly a fresh approach to how it is allocated. If the embedded research concept that the Alliance is proposing is seen to be the way forward, funding for this research will need to be integrated into programmes, as opposed to being covered in a completely different stream as is currently the case.

FINANCIAL INFORMATION

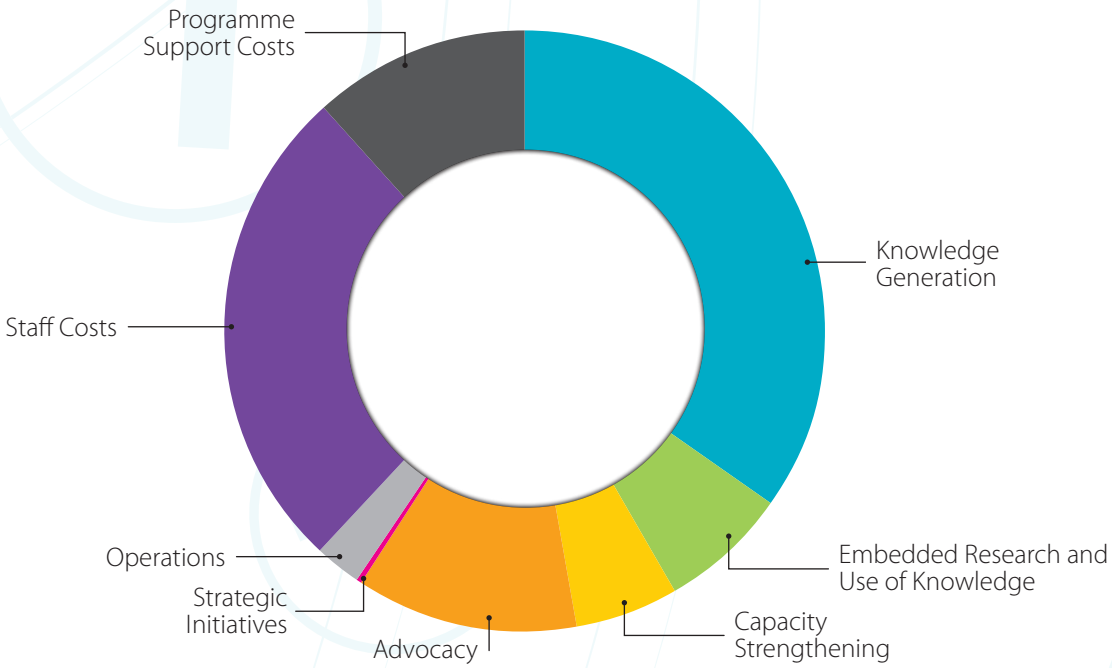
Contributions 2014

US$ 11,417 (000)



Expenditure* 2014

US$ 9,396 (000)



* Expenditure only, ie no encumbrances/obligations included

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* new member of STAC in 2014
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THE SECRETARIAT

Founded in 1999, the Alliance for Health Policy and Systems Research, an international collaboration hosted by the World Health Organization, promotes the generation and use of health policy and systems research as a means to improve the health systems of low- and middle-income countries.

Working with more than 360 partner organizations around the world, 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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