One of the things that I appreciate about the Alliance is how it engages with policy and decision makers in a meaningful way and then uses their perspectives and insights to develop its work. This is partly thanks to the Alliance's position within WHO and its mandate to work with member states, but I also see it as a defining characteristic of the Alliance.

Malebona Precious Matsoso, Director-General, Department of Health, South Africa

Two decades of advancing and supporting health policy and systems research
Overview

The Alliance for Health Policy and Systems Research (the Alliance) works to improve the health of those in low- and middle-income countries by supporting the generation and use of evidence that strengthens health systems. As an international partnership hosted by the World Health Organization, we work together with organizations around the world to:

• Provide a unique forum for the health policy and systems research community;
• Support institutional capacity for the conduct and uptake of health policy and systems research;
• Stimulate the generation of knowledge and innovations to nurture learning and resilience in health systems; and
• Increase the demand for and use of knowledge for strengthening health systems.

Throughout all our work, we prioritize and promote systems thinking, which recognizes that the whole of the system is more than its constituent parts. We also recognize the need to engage diverse actors in health policy and systems research – we target our support to ensure better inclusion of and participation by women, those in low- and middle-income countries and other historically under-represented groups.

The importance of HPSR

Health policy and systems research (HPSR) is an emerging field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors engage in the policy and implementation processes to contribute to policy outcomes. By nature, it is interdisciplinary – a blend of economics, sociology, anthropology, political science, public health and epidemiology. These multiple lenses come together to draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health.

HPSR is critical for achieving the Sustainable Development Goals (SDGs), especially the third goal of ensuring good health and well-being for all. One of the targets is to achieve Universal Health Coverage (UHC), which involves access to quality health services and essential medicines and vaccines. HPSR can help to identify gaps in coverage, improve access to health services, and build resilience into health systems to help meet this target.
Priorities for 2018–19

• Embedding research: We are supporting a number of projects that embed research and learning into ongoing programmes to improve their design and delivery. This approach allows for engagement with relevant health systems actors throughout the project lifespan and ensures the needed flexibility to respond to specific contexts and changing health systems. For example, Alliance-supported research in Nigeria used the embedded approach to significantly increase vaccine coverage.

• Gender equity: The Alliance recognizes the need for gender-sensitive research and decision-making. We have launched mentorship programmes specifically targeted at women and are scoping new areas of research that employ a gender and intersectionality lens in health systems strengthening.

• Advancing the science: Our support has developed the field of health policy and systems research over the last two decades. We continue to fund cutting-edge interdisciplinary research to respond to new challenges. We have also created many readers, guides and technical briefings on different approaches to ensure links between research, policy and practice for health systems strengthening.

• Participatory leadership: Health systems in many low- and middle-income countries suffer from a top-down leadership approach, which can stifle innovation and keep them from responding to local needs or changing environments. We have worked to develop young leaders and have created peer learning mechanisms to enhance the skills of more established leaders.

• Partnership and engagement: We bring together and work with diverse groups to undertake health policy and systems research and to advocate for the field. The LEAP forum, for example, brings together leading health systems research networks to harmonize and coordinate efforts to embed health policy and systems research in health systems around the world.

• Learning health systems: Health systems cannot remain static – they must adapt and evolve to changing needs and priorities. Ensuring that health systems have mechanisms through which they can learn from their experience and utilize that knowledge to improve the overall health system is critical. Our next flagship report will expand on this topic.

50% of researchers undertaking Alliance-funded studies in LMICs are women.
Where we work

Over the last two decades, the Alliance has supported nearly 400 projects in 73 countries.

Lebanon
We have supported a rapid review center to bring evidence into current health care debates. For example, they recently conducted a rapid scoping review on policies to protect and support health care workers in armed conflict zones. The project also supported three other review centers around the globe.

Nigeria
Participatory action research was used to engage communities in dialogues about barriers to immunization services and developing action plans. Implementation and evaluation of the communities’ action plans resulted in an increase in immunization coverage. The Alliance has supported three embedded research projects in Nigeria alone, and around 100 embedded research projects around the world.

Haiti
We are supporting the ministry of health in Haiti to improve its programmes through a joint grant with PAHO and TDR. The grant programme has targeted projects that use an embedded research approach and that will help countries to achieve the health-related SDGs. The grant programme is supporting 13 projects in eleven countries across the Americas.

South Africa
As part of our work to boost early-career women researchers, we started a mentorship programme to support the development of peer-reviewed publications. Three of the mentees are based in South Africa, though mentors and mentees come from all around the world.

Sri Lanka
The Sri Lanka Primary Health Care systems (PRIMASYS) case study on the state of the primary health care system was one of the documents used to inform a report on Sri Lanka’s new model for primary care strengthening by the Ministry of Health and the World Bank. Case studies for more than twenty countries were developed as part of the overall project.
Working with us

The Alliance maintains a small secretariat hosted at WHO Headquarters in Geneva, Switzerland, and our activities are overseen by our Board and our Scientific and Technical Advisory Committee (STAC). We understand that to achieve our goals we must work in partnership with others – whether they be research institutions, government departments, implementing partners, funders, membership organizations, or other UN bodies.

In addition to maintaining networks of partners to help coordinate projects in the field, we also offer a number of funding opportunities for researchers, policy-makers and others working to strengthen health systems in low- and middle-income countries.

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The Alliance was one of the first organizations to fund health systems research synthesis. It has helped to establish 10 evidence synthesis centres.
The Alliance has been an organizer and co-sponsor of all the global symposia on health systems research.

The Alliance emerged from a meeting in Lejondal, Sweden, in 1997 and was formally established two years later. It has since become a hosted partnership at WHO.
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