1. Launch of the First Reader on Health Policy and Systems Research: “Health Policy and Systems Research: A Methodology Reader”

Strong health policies and strong health systems are needed to deliver effectively critical health interventions to populations. Health systems also represent an important base for action to tackle the social determinants of health and address health inequity. Indeed, health systems are part of the fabric of every society, and contribute to human development. Health policy and systems research (HPSR) is needed to generate the intelligence required to sustain health systems development.

However, Health Policy and Systems Research is often criticized for lacking rigour, being unclear in its scope and nature, providing a weak basis for generalization of its findings and therefore offering limited value for decision-makers. To address these concerns the Alliance for Health Policy and Systems Research launched: Health Policy and Systems Research: A Methodology Reader.

The Reader aims to provide a basis of understanding, ideas and experience to strengthen the quality of Health Policy and Systems Research (HPSR) — including a collection of high quality papers that demonstrate the application of different HPSR strategies and methods.

Edited by Professor Lucy Gilson of the University of Cape Town and London School of Hygiene and Tropical Medicine, this publication provides guidance on the defining features of HPSR and the critical steps in conducting research in this field. It showcases the diverse range of research strategies and methods encompassed by HPSR.

Professor Anne Mills, one of the leading experts in this field states: “Health Policy and Systems Research is a rapidly developing and critically important field of health research, but has lacked any coherent presentation of its nature, scope and methods. This Reader remedies this gap, and will be an indispensable source of guidance for anyone conducting Health Policy and Systems Research or wishing to learn about it.”

The target audience for the Reader includes researchers, teachers and students, as well as those working within health systems, and particularly those working in low- and middle-income countries.

The Reader is available electronically on the Alliance web site: http://www.who.int/alliance-hpsr/resources/reader
In 2010, the Alliance for Health Policy and Systems Research initiated a new project on Access to Medicines (ATM) with the aim of generating and increasing the use of policy-relevant evidence on ATM in low- and middle-income countries (LMICs). The project adopts a health system perspective on ATM, building on the network of Alliance’s partners and its expertise in health systems research.

During its inception year, the ATM project commissioned a priority-setting exercise aimed at identifying priority policy concerns and a priority health policy and systems research agenda in ATM, suitable for LMICs. As demonstrated in similar, previous exercises performed by the Alliance, such health system research agenda can be developed based on priorities defined at country level (Ranson and Bennett 2009). Therefore, the Alliance commissioned country- and regional-level priority-setting exercises for ATM in 17 countries across 5 regions.

As global-level stakeholders play an important role in shaping the agenda of research and interventions in ATM, a second step in the priority-setting approach was to collect information from a sample of global stakeholders on what they would identify as priority policy issues in ATM.

Country, regional and global-level data were analysed to identify cross-cutting policy issues. Finally, a thorough literature search was conducted to identify existing research related to each cross-cutting policy issue, and to analyse existing research gaps. This approach identifies a set of priority policy concerns in the field of ATM, for which there is little or no evidence available.

The final phase of this exercise was to formulate research questions that will address the policy concerns on ATM identified in LMICs, and that will guide policy formulation. A group of academic experts convened in Bangkok, Thailand on 6-8 March 2012 to discuss, debate and come to a consensus on translation of policy concerns into research questions. A larger group of stakeholders (donors, policy-makers and NGOs) joined the academic experts and participated in ranking the research questions and reaching a consensus on a priority research agenda in the field of ATM.

The Alliance will disseminate this research agenda and advocate for its use in shaping access to medicines research. Top priority research questions will also be used by the Alliance for its upcoming call for Letters of Intent in access to medicines research.

For more on the ATM project, contact Dr Maryam Bigdeli at bigdelim@who.int and visit: http://www.who.int/alliance-hpsr/projects/medicines/en/index.html
The International Network for the Availability of Scientific Publications and Parliamentary Office of Science and Technology of the UK Parliament organized an international conference on evidence-informed policy-making in Ile-Ife, Nigeria on 27 to 29 February 2012.

The Alliance for Health Policy and Systems Research contributed in planning this conference and hosted a panel session entitled: Influencing Policy-Making. Dr Abdul Ghaffar, Executive Director of the Alliance presented along with two Alliance’s grantees Dr Jesse Uneke and Dr Pierre Ongolo-Zogo, respectively the principal investigators of Nigeria and Cameroon projects on Sponsoring National Processes for Evidence-Informed Policy.

Dr Ghaffar provided a general perspective on the topic and illustrated some of the challenges in the area of informed policy/decision-making.

Dr Jesse Uneke made a presentation entitled: Enhancement of policy-makers’ skills and organizational capacity in policy-making in Nigeria. The presentation highlighted how six training workshops and a mentorship programme were used for enhancing policy-makers’ capacity in Ebonyi State of Nigeria.

Dr Pierre Ongolo-Zogo made a presentation entitled: Supporting country effort for evidence-informed health policy-making: the Cameroon experience. The presentation highlighted achievements including successful engagement with policy-makers and stakeholders through production of four policy briefs, and presenting research evidence on scaling up malaria and community-based health insurance by conducting policy dialogues.

Project’s achievements included overall gain in policy-makers' knowledge/capacity on evidence-to-policy processes, production of six policy briefs on health systems strengthening, and establishment of a Health Policy Advisory Committee under the chairmanship of Commissioner of Health.


4. Reflections from Two Years of Progress by the Implementation Research Platform

Since its launch in 2010 at the First Global Symposium on Health Systems Research in Montreux, the Implementation Research Platform has:

• provided over USD 4 million in funding to support 9 Implementation Research (IR) studies in 12 countries
• facilitated the establishment of priority implementation research agenda in 11 high burden countries
• promoted implementation research at global and regional meetings of researchers, implementers, government, donors, and other stakeholders
• supported 11 systematic reviews of implementation barriers and strategies to scale-up effective interventions for health-related Millennium Development Goals (MDGs)
• collaborated with USAID on the development of an IR curriculum.

The IRP continues to work in collaboration with partners within the WHO and has recently added the Partnership for Maternal, Newborn, and Child Health (PMNCH) to the platform. As it looks forward to this biennium, the IRP has defined four areas of work in order to achieve its broader goal improving access to life saving interventions essential to achieving the health-related Millennium Development Goals. These four areas of work include:

1. Stewardship to provide a knowledge platform to the global community
   • Establishment of a platform bridging science and practice

2. Evidence-to-Practice
   • Identifying and evaluating pathways to move effective innovations into practice
   • Supporting the use of decision-making tools to facilitate the planning and implementation of effective interventions
   • Synthesizing and dissemination of knowledge and best practices

3. Programmatic research activities
   • Direct funding of new implementation research studies
   • Direct funding for systematic reviews of existing implementations research
   • Support for programme managers to conduct small IR projects based on real challenges experienced during implementation and scale-up

4. Strengthening capacities
   • Development of curricula and training of personnel in appropriate research methods, project identification, development and planning
   • Development and testing of models to strengthen the capacity of decision-makers to demand, access, and utilise evidence in programme implementation and scale-up
   • Establishment of regional training hubs for implementation and health policy and systems research

A major focus of this work will be on enhancing the engagement of implementers and decision-makers in the research process, both through capacity strengthening activities to help them develop necessary skills as well as through targeted calls that will allow implementers and decision-makers to lead research activities as principle investigators. In the coming months, the IRP will be launching many new programs of work as well as a new web site. Please stay tuned for further information!

For more information, contact Dr Nhan Tran at tran@who.int and visit: http://who.int/alliance-hpsr/implementationresearchplatform/en/
5. WHO Global Health Systems Research Strategy

The WHO Health Systems Research (HSR) Strategy is currently being developed and will be launched at the Second Global Health Systems Research Symposium in Beijing, China in November 2012. The Alliance is acting as the Secretariat for the development of this strategy, leading the background papers supporting the strategy, as well as coordinating the consultations with policymakers and other stakeholders.

The development of this WHO Strategy responds to the call to build greater constituency, credibility and capacity for health systems research at the Montreux Symposium in November 2010. The Montreux Statement also called for the establishment of norms, practices, and standards for HSR as well as mechanisms for bridging the gap between demand and supply for HSR and enhancing its uptake in policy and other decision-making processes. The development of this WHO HSR strategy will fill this gap and facilitate ‘global action’ around these critical issues.

The development of this strategy will be guided by the Advisory Group in conjunction with consultations with key stakeholders, a WHO Internal Reference Group, the Board and Scientific and Technical Advisory Committee (STAC) of the Alliance. Additionally, the process will be informed by surveys and special studies commissioned to assist in the identification of gaps and development of recommendations.

The Advisory Group, comprised of leading experts including researchers and policy-makers, met over two days, in Boston in June 2011, to discuss the purpose, objectives, themes, and the process through which the strategy will be developed. Ensuring an inclusive consultative process with a broad range of stakeholders, contextualizing the strategy around the Millennium Development Goals which have been set for 2015, as well as providing practical guidance for implementation were among some of the key issues discussed at the meeting.

For more information on the HSR Strategy, contact Dr Abdul Ghaffar at ghaffara@who.int and visit: http://who.int/alliance-hpsr/hsr-strategy/en/

6. Bellagio meeting – Equity extension of the PRISMA for the Systematic Reviews and meta-analysis

The Campbell and Cochrane Equity Methods Group have identified a significant gap in reporting effectiveness of interventions for poor and vulnerable populations in systematic reviews. Only 13% of systematic reviews and meta-analyses consider effects on health equity, and the credibility of these equity analyses are undermined by lack of transparency in reporting.

One way to improve reporting of facets of specific importance to Systematic Reviews reporting on inequities is to develop specific reporting guidelines, for example, by revising the PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The PRISMA statement contains 26 items, and the aim of PRISMA is to encourage transparency of reporting of the methods of...
The meeting held in Bellagio, Italy on 9–10 February 2012 was part of a multi-stage process by the organizers – Drs. Vivian Welch, David Moher, Mark Petticrew, Peter Tugwell – to revise the PRISMA to provide evidence for equity systematic reviews. Earlier steps included:

- preliminary meetings to discuss PRISMA items with empiric evidence about equity-oriented systematic reviews;
- identifying a preliminary set of 14 characteristics of equity-oriented reviews that may require modification of existing items in PRISMA or the addition of new items; and
- conducting a Delphi exercise to gather broad feedback and opinions prior to the consensus meeting.

At the consensus meetings, participants discussed and debated each of the proposed extensions, and ultimately proposed that they be accepted, modified or dropped. Kent Ranson of the Alliance attended this meeting (as did Tessa Edgier of the Health Systems Financing WHO Department). After a highly productive meeting, this group is now being engaged to:

- finalize the precise wording of the extended checklist;
- develop an accompanying explanatory guide;
- consider means of evaluating impact; and
- explore opportunities for publication and presentation.

For more information, please contact Dr Kent Ranson at ransonm@who.int

7. Systems Thinking for Health Systems in low- and middle-income countries: Developments and next steps

The Alliance is pleased to announce that in November 2012, a Journal Supplement on Systems Thinking – a follow-up to the Alliance 2009 Flagship Report on “Systems Thinking for Health Systems Strengthening” – will be published by Health Policy and Planning.

This Supplement will review evaluations of system-level interventions in low- and middle-income countries (LMICs) to gain a better understanding of methodologies, tools and approaches used to explore the system-wide impact of health interventions, using a systems-thinking lens. It will identify, through a survey of LMICs stakeholders, the enabling and hindering factors for using systems-thinking principles in designing health systems and solving health systems issues, including perceived knowledge gaps in available tools and approaches. Papers will also illustrate, through detailed analytical examples, the reasons why a systems approach is vital to avoid falling in the same trap of unsuccessful implementation of new interventions and the reasons for this. Practical examples of the process of designing or evaluating health interventions using a systems lens will be explored, as well as discussions and specific guidance on relevant methodologies, tools and approaches that can be applied in studying health systems in LMICs.

As the next step in providing a firm footing for the use of Systems Thinking in public health, the Alliance, jointly with the International Development Research Centre (IDRC), issued a Call for Papers on 12 March 2012 with the theme of “Advancing knowledge and practice for using systems thinking for equitable health systems strengthening in LMICs”. The Call was open until 22 April, 2012. Papers developed through this Call will be published in a new Journal Supplement on Systems Thinking to be launched in 2014.

The overall objective of this Supplement is to share methodological developments, approaches, tools or explorations to support applications of systems thinking in addressing health systems issues in LMICs as well as approaches to incorporate the associated learning in the policy-making process. It seeks to take the knowledge developed through the first Supplement a step further, by broadening the scope and providing more practical examples of application of systems thinking methodologies in order to promote the use of tools for better understanding and strengthening health systems.

For more information, contact Dr Taghreed Adam at adamt@who.int
8. Enhancing capacity to apply research evidence in policy-making for reproductive health in Bangladesh

In 2008, the Alliance jointly with the Wellcome Trust, issued the following call for proposals: Enhancing capacity to apply research evidence in policy-making. The call was targeted to teams based in low-income countries.

The key objective of the project is to develop and evaluate innovative approaches to enhance policymakers and programme manager’s capacity to use research evidence in the policy process and to increase interactions between producers and users of research evidence on reproductive health in Bangladesh.

The following activities were undertaken.

- A Technical Advisory Group was established and a national workshop was conducted. The baseline study conducted revealed that research evidence is used in health policy-making process but not in a structured manner. There are loopholes in both the supply and demand side: research users are less skilled in identifying and accessing as well as assessing and applying evidence in their settings; research producers are less motivated in making any policy impact and there is no formal structure for effective research policy communication.

- A research policy communication cell was set up within the Planning and Research Cell of the Director-General Health Services and a web site developed. See [http://nasmis.dghs.gov.bd/rpcc/](http://nasmis.dghs.gov.bd/rpcc/). Policy briefs were produced and available for download.

- Several rounds of meetings and workshops were held to discuss innovative research ideas with the aim to strengthen the collaboration between researchers and policy-makers.

Future planned activities include:

- Increasing capacity building of programme managers and decision-makers;
- Strengthening the research policy communication cell and the web site for better communication of research evidence and ensure its sustainability;
- Developing a study at the end of the project to measure the impact / effect of designed interventions.

For more information on this project, contact Dr Bhupinder Aulakh at aulakhb@who.int and visit: [http://www.who.int/alliance-hpsr/projects/icdrrb_reproductivehealth/en/index.html](http://www.who.int/alliance-hpsr/projects/icdrrb_reproductivehealth/en/index.html)

First Technical Advisory Group meeting, Dhaka, Bangladesh, June 2011
In just over six months, on the 31 October 2012, the Second Global Symposium on Health System Research will commence. Members of the Health Systems Research (HSR) community will meet in Beijing, China. Given the success of the First Symposium, we are anticipating that the Beijing Symposium will attract 1,500 participants from around the world.

The Second Symposium on Health Systems Research will be dedicated to evaluating progress, sharing insights and recalibrating the agenda of science to accelerate universal health coverage. Primary themes for the Symposium will be innovation and inclusion—casting a spotlight on ‘neglected’ themes and people/communities in HSR including, for example: health systems and noncommunicable diseases, the elderly, or the most vulnerable who do not have access to basic primary health services; technological advances including e-health, m-health and forgotten technologies delivering primary health care; the application of research methodologies to study complex systems, social determinants and inter sectoral challenges; new models of engaging communities with services in the delivery of primary health care; and innovative approaches to capacity building for HSR.

The Symposium will take place at the Beijing International Convention Centre (BICC) adjacent to Beijing’s Olympic Green and the iconic “Bird’s Nest” Stadium.

The programme will include:

- Opening and closing plenary sessions;
- Four thematic plenary sessions;
- Concurrent sessions selected from proposed, externally reviewed organized sessions and individual abstracts;
- Lunchtime sessions, including launches of exciting new initiatives like the WHO Health Systems Research Strategy and the member-based International Society for Health Systems Research;
- Poster presentations.

The Symposium will also build on the diversity of Montreux by ensuring the engagement of young people from around the globe.

We hope you’ll be able to join us in Beijing! Below are some important dates to mark on your calendar:

- 1 May: deadline for submission of individual abstracts
- 1 May - 30 June: early-bird registration
- 1 July - 31 August: regular registration
- 1 May - 15 August: call for satellite sessions and marketplace stalls

For more information, check the Symposium’s web site: http://www.hsr-symposium.org/ or email: hsrsymposium2012@who.int and the Alliance’s web site: http://www.who.int/alliance-hpsr/hsr-symposium/en/index.html