Building stronger health systems with evidence from research

Every nation faces the challenge of managing a high-performing health system that meets the needs of its population.

An international challenge

As well as being resilient to shocks such as Ebola or Zika, and challenges such as ageing populations, health systems must look beyond diseases to support healthy environments and provide reliable, good-quality care.

We know that evidence from Health Policy and Systems Research can help address these challenges and play a critical role in building stronger health systems.

But too often, research and health decision making remain unconnected, important policy questions are not researched, good research doesn’t reach the right people and opportunities to improve population health are missed.

LEAP – a way forward

LEAP – Learning, Engaging and Advocating for Policy and Systems research – is an international network of organisations whose members believe these global challenges need a global response. It is a forum to better harmonize and coordinate efforts and actions between systems research, policy and implementation communities.

Each of the founding members currently contributes in its own way to research evidence being generated and/or used to support stronger health systems. What LEAP does is bring us together to pool collective wisdom.

LEAP creates a forum for collaborative problem solving and discussing ways of generating and using policy-relevant knowledge.

By working together, we will make it easier for decision makers across the globe to access and use Health Policy and Systems Research to answer important policy questions. This will drive demand for policy-relevant research as a key tool to build stronger health systems.

Ultimately, we want to see this network grow to play a leading role in establishing evidence from research as an integral component of any health plan or program.
Our origins

LEAP is an initiative of the Alliance for Health Policy and Systems Research, which is a partnership hosted by the World Health Organization. It builds on gains the Alliance has already made in working with policy and decision makers and other partners in different regions to identify barriers to, and enablers of, using evidence.

In seeking to link its efforts in this area with work being done internationally, the Alliance convened a forum of key global players at WHO headquarters in 2016 and LEAP was born.

The other LEAP founding members are: Academy Health; the Cochrane Collaboration; the Doris Duke Charitable Foundation; the European Observatory; EVIPNet; Health Systems Global; the InterAcademy Partnership; the Sax Institute; WONCA; and the World Heart Federation.

What we will do

Co-ordinate our efforts
- We will develop recommendations on the most effective ways to communicate and encourage uptake of Health Policy and Systems Research
- We will work with policy makers to test models, tools and approaches to increasing an organisation’s capacity to demand and use evidence
- We will identify the best and most cost-effective ways to generate policy-relevant knowledge

Share our knowledge
- We will share lessons learned across the field, especially with funders and national policymakers
- We will share stories of success
- We will summarise and disseminate the evidence in Health Policy and Systems Research
- We will support researchers to use the best and robust research methods

Promote research that is embedded in health systems
- We will advocate embedding Health Policy Research into all health systems to build stronger policies, programs and services
- We will connect advocates of policy-relevant research with decision makers and promote increased investment in this type of research

Get in touch

We look forward to your suggestions, questions and ideas. Please contact us via the LEAP secretariat, housed at the Alliance for Health Policy and Systems Research: alliancehpsr@who.int

Next steps

We look forward to LEAP evolving over time and hope to consult widely and bring more organisations into the network.